



Annual Notice of Changes 2024

UHC Dual Complete TN-S001 (HMO-POS D-SNP)



Toll-free 1-800-690-1606, TTY 711

8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept



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®**

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)

You can look up which drugs will be covered by your plan next year and review any new restrictions on our website.

Evidence of Coverage (EOC)

Review your 2024 EOC for details about plan costs and benefits. 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 1-800-690-1606 (TTY users should call 711). Hours are 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept.

Reduce the clutter and get plan documents faster.

Visit myuhc.com/communityplan to sign up for paperless delivery.

UHC Dual Complete TN-S001 (HMO-POS D-SNP) offered by UnitedHealthcare

Annual Notice of Changes for 2024



You are currently enrolled as a member of UnitedHealthcare Dual Complete® (HMO-POS D-SNP).

Next year, there will be changes to the plan's costs and benefits. Please see page 7 for a Summary of Important Costs, including Premium. This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the Evidence of Coverage, which is located on our website at **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 and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital).
 - Review the changes to our drug coverage, including authorization requirements and costs.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- 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.

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- 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 be enrolled in UHC Dual Complete TN-S001 (HMO-POS 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 Dual Complete® (HMO-POS 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

- 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 documents in other languages, braille, large print, audio, or you can ask for an interpreter. For more information, please call us toll-free at the number on your member ID card or the front of your plan booklet.
- UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunice con nosotros. Por ejemplo, documentos en otros idiomas, braille, en letra grande, o en audio. O bien, usted puede pedir un intérprete. Para obtener más información, llámenos al número gratuito que se encuentra en su tarjeta de ID de miembro o en la portada de la guía de su plan.
- 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.

About UHC Dual Complete TN-S001 (HMO-POS D-SNP)

- 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.
- The plan also has a written agreement with the Tennessee Medicaid program to coordinate your Medicaid benefits.

- 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 Dual Complete TN-S001 (HMO-POS D-SNP).
- Notice: TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits. Any additional Medicare benefit mentioned in this communication above Original Medicare is applicable to the Medicare benefit only and does not indicate increased Medicaid benefits.

Annual Notice of Changes for 2024

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Summary of important costs for 2024

The table below compares the 2023 costs and 2024 costs for UHC Dual Complete TN-S001 (HMO-POS D-SNP) in several important areas. **Please note this is only a summary of costs.** If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits, you pay a \$0 copayment for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* *Your premium may be higher than this amount. (See Section 2.1 for details.)	\$0	\$0
Maximum out-of-pocket amounts This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	From network providers: \$0 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	From network providers: \$0 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.
Doctor office visits	Primary care visits: You pay a \$0 copayment per visit. Specialist visits: You pay a \$0 copayment per visit.	Primary care visits: You pay a \$0 copayment per visit. Specialist visits: You pay a \$0 copayment per visit.
Inpatient hospital stays	You pay a \$0 copayment for each Medicare-covered hospital stay for unlimited days.	You pay a \$0 copayment for each Medicare-covered hospital stay for unlimited days.
Part D prescription drug coverage (See Section 2.5 for details.) To find out which drugs are Covered Insulin Drugs, review the most recent	Deductible: <input type="checkbox"/> \$0	Deductible: <input type="checkbox"/> \$0



Questions? Call Customer Service at **1-800-690-1606**, TTY **711**, 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept

Cost	2023 (this year)	2024 (next year)
Drug List we provided electronically. If you have questions about the Drug List, you can also call Customer Service.	For all covered drugs: <input type="checkbox"/> \$0 copayment	For all covered drugs: <input type="checkbox"/> \$0 copayment



Questions? Call Customer Service at **1-800-690-1606**, TTY **711**, 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept

Section 1 We Are Changing the Plan’s Name

On January 1, 2024, our plan name will change from UnitedHealthcare Dual Complete® (HMO-POS D-SNP) to UHC Dual Complete TN-S001 (HMO-POS 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 1-800-690-1606 (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 and Costs 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 Medicaid.)	\$0	\$0

Section 2.2 Changes to Your Maximum Out-of-Pocket Amounts

Cost	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount Because our members also get assistance from Division of TennCare (Medicaid), very few members ever reach this out-of-pocket maximum. You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$0 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$0 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

Cost	2023 (this year)	2024 (next year)
Your costs for covered medical services (such as copayments and deductibles) from network providers count toward your in-network maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.		

Medicare requires all health plans to limit how much you pay “out-of-pocket” for the year. These limits are called the “maximum out-of-pocket amounts.” 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 and Costs for Medical Services

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

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 Division of TennCare (Medicaid) at 1-800-342-3145 for more details.

Cost	2023 (this year)	2024 (next year)
<p>Dental services Comprehensive and preventive dental</p>	<p>You pay a \$0 copayment for covered preventive and diagnostic services.</p> <p>You pay a \$0 copayment for covered comprehensive dental services.</p> <p>You are covered for up to \$5,000 per year. Benefit is combined in and out-of-network.</p> <p>You may receive dental services from an out-of-network dentist. If an out-of-network dentist charges more than your plan pays, you may be billed for the difference, even for services listed as \$0 copayment.</p>	<p>You pay a \$0 copayment for covered preventive and diagnostic services.</p> <p>You pay a \$0 copayment for covered comprehensive dental services.</p> <p>You are covered for up to \$5,000 per year. Benefit is combined in and out-of-network.</p> <p>You may receive dental services from an out-of-network dentist. If an out-of-network dentist charges more than your plan pays, you may be billed for the difference, even for services listed as \$0 copayment.</p> <p>The list of services covered by your plan has changed. See your Evidence of Coverage for more information.</p>

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits, then your deductible, coinsurance, and/or copayment may be less for services that are covered under Original Medicare. Please refer to the **Changes to Benefits and Costs for Medical Services** chart.

Cost	2023 (this year)	2024 (next year)
<p>Hearing services Hearing aids</p>	<p>You receive a \$3,600 allowance for up to 2 prescription hearing aids every year (select products only).</p> <p>Home-delivered hearing aids are available nationwide through UnitedHealthcare Hearing (select products only).</p> <p>You must use UnitedHealthcare Hearing providers to access this benefit.</p>	<p>You receive a \$3,600 allowance for up to 2 OTC or prescription hearing aids every year (select products only).</p> <p>Home-delivered hearing aids are available nationwide through UnitedHealthcare Hearing (select products only).</p> <p>You must use UnitedHealthcare Hearing providers to access this benefit.</p>
<p>Food, over-the-counter (OTC), home and bath safety devices and utility bill credit</p>	<p>\$230 credit a month loaded to your UnitedHealthcare UCard® 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>\$248 credit a month loaded to your UnitedHealthcare UCard® 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>Use your UCard online or in-store to access your benefits.</p> <p>See your Evidence of Coverage for more information.</p>

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits, then your deductible, coinsurance, and/or copayment may be less for services that are covered under Original Medicare. Please refer to the **Changes to Benefits and Costs for Medical Services** chart.

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.” **You can get the complete Drug List** by calling Customer Service (see the back cover) or visiting our website (**myuhc.com/communityplan**).

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.

To find out which drugs are Covered Insulins, review the most recent Drug List we provided electronically. If you have questions about the Drug List, you can also call Customer Service.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 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 Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.**

There are four “drug payment stages.”

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
Stage 1: Yearly (Part D) Deductible stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost-sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage stage During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing.</p>	<p>Your cost for a one-month (30-day) supply filled at a network pharmacy with standard cost-sharing:</p> <p>For all covered drugs:</p> <p><input type="checkbox"/> \$0 copayment</p> <hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap stage).</p>	<p>Your cost for a one-month (30-day) supply filled at a network pharmacy with standard cost-sharing:</p> <p>For all covered drugs:</p> <p><input type="checkbox"/> \$0 copayment</p> <hr/> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap stage).</p>

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 Dual Complete TN-S001 (HMO-POS 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 Dual Complete TN-S001 (HMO-POS 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 (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 7.2).

As a **reminder**, UnitedHealthcare Insurance Company or one of its affiliates offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from UHC Dual Complete TN-S001 (HMO-POS D-SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from UHC Dual Complete TN-S001 (HMO-POS D-SNP).
- 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 to 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 Division of TennCare, 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 Tennessee, the SHIP is called Tennessee Commission on Aging & Disability - TN SHIP.

It is a state program that gets money from the federal government to give **free** local health insurance counseling to people with Medicare. Tennessee Commission on Aging & Disability - TN SHIP 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 Tennessee Commission on Aging & Disability - TN SHIP at 1-877-801-0044.

For questions about your Division of TennCare benefits, contact Division of TennCare, at 1-800-342-3145, 8 a.m. - 4:30 p.m. CT, Monday - Friday. TTY users should call 711. Ask how joining another plan or returning to Original Medicare affects how you get your Division of TennCare coverage.

Section 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- “Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in ‘Extra Help,’ also called the Low Income Subsidy. Extra Help pays some of your prescription drug premiums, annual deductibles, and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about Extra Help, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;

- The Social Security Office at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
- Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the ADAP in your state. For information on eligibility criteria, covered drugs, or how to enroll in the program, please contact the ADAP in your state. You can find your state's ADAP contact information in Chapter 2 of the **Evidence of Coverage**.

Section 7 Questions?

Section 7.1 Getting Help from UHC Dual Complete TN-S001 (HMO-POS D-SNP)

Questions? We're here to help. Please call Customer Service at 1-800-690-1606. (TTY only, call 711.) We are available for phone calls 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept. Calls to these numbers are free.

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

This **Annual Notice of Changes** gives you a summary of changes in your benefits and costs for 2024. For details, look in the 2024 **Evidence of Coverage** for UHC Dual Complete TN-S001 (HMO-POS 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 7.2 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 7.3 Getting Help from Medicaid

To get information from Division of TennCare (Medicaid), you can call Division of TennCare (Medicaid) at 1-800-342-3145. TTY users should call 711.

Do you need free help with this letter?

If you speak a language other than English, help in your language is available for free. This page tells you how to get help in a language other than English. It also tells you about other help that's available.

Spanish: Español

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-690-1606 (TTY:711).

Kurdish: کوردی

ئاگاداری: ئهگهر به زمانی کوردی قهسه دهکهیت، خزمهتگوزاریهکانی یارمتهی زمان، بهخوڕایی، بۆ تو بهردهسته. پهیهندی به 1-800-690-1606 (TTY:711)..بکه

Arabic: ربيّة عا

وظة حلم: اذا ملكتتة غللا ربيّة عا اتمدخدة عاسملا وبة غللا رة فوتم كة انجام. اتصل مقبر: 1-800-690-1606 (TTY: 711) مقرر فتاه صملا و مكللا

Chinese: 繁體中文

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-690-1606 (TTY:711)。

Vietnamese: Tiếng Việt

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-690-1606 (TTY:711).

Korean: 한국어

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-690-1606 (TTY:711) 번으로 전화해 주십시오.

French: Français

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-690-1606 (TTY:711).

Amharic: አማርኛ

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-690-1606 (መስማት ለተሳናቸው፡TTY:711)።

Gujarati: ગુજરાતી

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-690-1606 (TTY:711).

Laotian: ພາສາລາວ

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-690-1606 (TTY:711).

German: Deutsch

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-690-1606 (TTY:711).

Tagalog: Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-690-1606 (TTY:711).

Hindi: हिंदी

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-690-1606 (TTY:711). पर कॉल करें।

Serbo-Croatian: Srpsko-hrvatski

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-690-1606 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Russian: Русский

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-690-1606 (телетайп: TTY:711).

Nepali: नेपाली

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-690-1606 (टि टि वाइ: TTY:711).

Persian: فارسی

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-690-1606 تماس بگیرید. (TTY:711)

- **Do you need help talking with us or reading what we send you?**
- **Do you have a disability and need help getting care or taking part in one of our programs or services?**
- **Or do you have more questions about your health care?**

Call us for free at 1-800-690-1606. We can connect you with the free help or service you need. (For TTY call: 711)

We obey federal and state civil rights laws. We do not treat people in a different way because of their race, color, birthplace, language, age, disability, religion, or sex.

Do you think we did not help you or you were treated differently because of your race, color, birthplace, language, age, disability, religion, or sex?

You can file a complaint by mail, by email, or by phone. Here are three places where you can file a complaint:

TennCare, Office of Civil Rights Compliance

310 Great Circle Road, 3W
Nashville, TN 37243

Email: HCFA.Fairtreatment@tn.gov

Phone: 1-855-857-1673 (TRS 711)

You can get a complaint form online at:

<https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html>

Civil Rights Coordinator, UnitedHealthcare Civil Rights Grievance

P.O. Box 30608
Salt Lake City, UT 84130

Email: UHC_Civil_Rights@uhc.com

Phone: 1-800-690-1606

U.S. Department of Health & Human Services, Office for Civil Rights

200 Independence Avenue SW, Room 509F, HHH Building
Washington, DC 20201

Phone: 1-800-368-1019 (TDD: 1-800-537-7697)

You can get a complaint form online at: <http://www.hhs.gov/ocr/office/file/index.html>

Or you can file a complaint online at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

For more information, please call customer service at:

UHC Dual Complete TN-S001 (HMO-POS D-SNP) Customer Service:



Call **1-800-690-1606**

Calls to this number are free. 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept. 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.: 7 Days Oct-Mar; M-F Apr-Sept.



Write: **P.O. Box 30769**
Salt Lake City, UT 84130-0769



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