



2024 Enrollment Guide

UHC Dual Complete MN-Y002 (HMO D-SNP)

H0845-001-000

Service area: Minnesota - St. Louis County

United
Healthcare®
Dual Complete

UnitedHealthcare Medicare Advantage plans are there for what matters to you, today and tomorrow



Plans designed to fit your life

With plans designed for all styles, stages and ages of Medicare, there's a UnitedHealthcare plan to fit your life. Use your UnitedHealthcare UCard® as your member ID and so much more. Your UCard gives you access to a large network of providers. From choosing a plan to using your plan, enjoy an easier-than-ever Medicare experience, informed by members like you.



More for your Medicare dollar

Use your UnitedHealthcare UCard to buy healthy food, OTC products and pay utility bills.



Guidance for today and as your needs change

Count on us to be there when it matters. We'll help you find the right plan with easy-to-understand plan education, useful online tools and helpful UnitedHealthcare Medicare Plan Experts.¹ As a member, UnitedHealthcare advocates and navigators help you get the answers and care you need.

¹Medicare Plan Expert is a licensed insurance sales agent/producer.

UCard opens doors where it matters

Once you're a member, you'll receive your new UnitedHealthcare UCard in the mail.
Reach for your UCard when:



Visiting a provider or filling a prescription

Your UCard has the plan information you and your providers need.



Buying healthy food, OTC products or paying utility bills

Use the credit loaded on your UCard as payment in-store or online.



Spending your earned rewards

Buy eligible items in-store at thousands of retailers nationwide.



Checking in at the gym

Show your UCard to access your free membership the first time you visit a Renew Active® network gym or fitness location.



Take advantage of a specially designed plan

This plan is for people with Medicare and Medical Assistance coverage and has many extra benefits that can help you live a healthier life. It has a network of quality doctors, hospitals, pharmacies and other providers, designed to help you get the care you need.



Here's how this HMO D-SNP plan works



Always use network providers. The plan does not cover medical care received from providers outside the network. (Except for emergency care, urgent care and renal dialysis services.)



No referral is needed to see a network specialist or other provider.



Emergency and urgently needed services are covered anywhere in the world.



Select a primary care provider to oversee and help manage your care. It's required by the plan, but it's also very beneficial for your long term health and well-being.



This plan includes prescription drug coverage. Always use network pharmacies. You may pay more or the full cost for drugs received from pharmacies not in the network.



\$0 covered services. See the Summary of Benefits in this book to find out what services are covered.

Go to **UHCommunityPlan.com** to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions. See your Member Handbook for a list of all covered services.

Scan this code to view the drug list



Benefit Highlights

UHC Dual Complete MN-Y002 (HMO D-SNP)

This is a short description of your 2024 plan benefits. The values shown are for those with Medicare Parts A and B cost sharing that may be covered by the state. Cost share may vary depending on your individual Medical Assistance eligibility. For complete information, please refer to your Summary of Benefits or Member Handbook. Limitations, exclusions, and restrictions may apply.

Plan costs

If you have full Medical Assistance benefits or are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services. If your eligibility for Medicaid or “Extra Help” changes, your cost sharing and premium may change.

Monthly plan premium	\$0
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Medical benefits

Doctor’s office visit

Primary care provider (PCP)	\$0 copay
Specialist	\$0 copay (no referral needed)
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video

Preventive services	\$0 copay
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Inpatient hospital care	\$0 copay per stay for unlimited days
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Skilled nursing facility (SNF)	\$0 copay per day: days 1-100
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Outpatient hospital, including surgery	\$0 copay
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Outpatient mental health

Group therapy	\$0 copay
Individual therapy	\$0 copay
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video

Diabetes monitoring supplies	\$0 copay for covered brands
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Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay
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Medical benefits

Diagnostic tests and procedures (non-radiological)	\$0 copay
Lab services	\$0 copay
Outpatient x-rays	\$0 copay
Ambulance	\$0 copay for ground or air
Emergency care	\$0 copay (worldwide)
Urgently needed services	\$0 copay (worldwide)

Benefits and services beyond Original Medicare

Routine physical	\$0 copay, 1 per year
Hearing - routine exam	\$0 copay, 1 per year
Fitness program	\$0 copay for Renew Active®, which includes a free gym membership, plus online fitness classes and brain health content.
Routine transportation	\$0 copay, the plan covers unlimited trips for medically necessary appointments and to pharmacies. In addition the plan covers 48 one-way trips to or from approved locations, such as gyms, community centers and places of worship.
Personal emergency response system	\$0 copay for a personal emergency response system (PERS)
Foot care - routine	\$0 copay, 6 visits per year
Chiropractic services	\$0 copay
Acupuncture	\$0 copay
Food, over-the-counter (OTC) and utility bill credit	\$180 credit every month to pay for covered healthy food, OTC products and utility bills from network utility companies
Meal benefit	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.
Nurse Hotline	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.

Benefits and services beyond Original Medicare

Home support services	\$150 credit per quarter to spend on home and bath safety devices and extra support at home
Housing stabilization services	\$0 copay; limited to 150 hours annually
Personal care assistant	\$0 copay
Prosthetic services	\$0 copay
Second Harvest Heartland FoodRx program	\$0 copay
Traditional healing	\$0 copay; up to \$250 per calendar year

Prescription drugs

Annual Prescription Deductible \$0

30-day or 100-day supply from retail or mail order network pharmacy

All covered drugs \$0 copay
(Some covered drugs are limited to a 30-day supply)



Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. This information is not a complete description of benefits. Contact the plan for more information.

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Notes and doodles



Summary of Benefits 2024

UHC Dual Complete MN-Y002 (HMO D-SNP)
H0845-001-000

Look inside to take advantage of the health services and drug coverages the plan provides. Call UHC Dual Complete® (HMO D-SNP) Member Services or go online for more information about the plan.



Toll-free **1-844-368-5888**, TTY **711**, or use your preferred relay service.
8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September



myuhc.com/communityplan

**United
Healthcare®
Dual Complete**

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Introduction

This document is a brief summary of the benefits and services covered by UHC Dual Complete® (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of UHC Dual Complete® (HMO D-SNP). 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 UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit **myuhc.com/communityplan**.

A. Disclaimers



This is a summary of health services covered by UHC Dual Complete® (HMO D-SNP) for January 1 – December 31, 2024. This is only a summary. Please read the **Member Handbook** for the full list of benefits. You can view the **Member Handbook** on our website at myuhc.com/communityplan. If you would like a print copy, call UHC Dual Complete® (HMO D-SNP) Member Services at the number of the bottom of this page.

- UHC Dual Complete® (HMO D-SNP) is a health plan that contracts with both Medicare and the Minnesota Medical Assistance program to provide benefits of both programs to enrollees. Enrollment in UHC Dual Complete® (HMO D-SNP) depends on contract renewal.
- For information about choice counseling services, call the Minnesota Department of Human Services Health Care Consumer Support (HCCS) line at **1-651-297-3862** or **1-800-657-3672**.
- This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information call UHC Dual Complete® (HMO D-SNP) Member Services or read the **Member Handbook**.
- UHC Dual Complete® (HMO D-SNP) is for people age 65 and over who live in the service area and have both Medicare Part A and Part B and have Medical Assistance.
- Under UHC Dual Complete® (HMO D-SNP) you can get your Medicare and Medical Assistance services in one health plan. A UHC Dual Complete® (HMO D-SNP) care coordinator will help manage your health care needs.
- UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities.
- For more information about **Medicare**, you can read the **Medicare & You handbook**. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website ([medicare.gov](https://www.medicare.gov)) 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**. For more information about **Medical Assistance**, call the Minnesota Department of Human Services at **1-651-431-2670** or toll-free at **1-800-657-3739**. TTY users should call **1-800-627-3529**.
- ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call UHC Dual Complete® (HMO D-SNP) Member Services at the number at the bottom of this page. The call is free.
- ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame a Servicio al Cliente de UHC Dual Complete® (HMO D-SNP) al número que se encuentra al pie de esta página. La llamada es gratuita.
- You can get this document for free in languages other than English and in other formats, such as large print, braille, or audio. Call UHC Dual Complete® (HMO D-SNP) Member Services at the number at the bottom of this page.

If you have questions, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

- To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, call UHC Dual Complete® (HMO D-SNP) Member Services at the number at the bottom of this page.
- Participation in the Renew Active® program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership. Fitness membership, equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, discounts, classes, events, and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. Gym network may vary in local market.
- Benefits may change on January 1 of each year.
- The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. We will notify affected enrollees about changes at least 30 days in advance.
- UHC Dual Complete® (HMO D-SNP) is 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.
- 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.
- Out-of-network/non-contracted providers are under no obligation to treat UHC Dual Complete® (HMO D-SNP) members, except in emergency situations. Please call our Member Services number or see your **Member Handbook** for more information, including the cost-sharing that applies to out-of-network services.
- OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90 day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within five business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at **1-877-266-4832**, TTY **711**.
- Benefits and features vary by plan/area. Limitations and exclusions apply.
- OTC benefits have expiration timeframes. Call your plan or review your **Member Handbook** for more information.

If you have questions, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit **myuhc.com/communityplan**.

1-844-368-5888, TTY 711, or use your preferred relay service.

Attention. If you need free help interpreting this document, call Member Services at the number above. The call is free.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအား အခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကို ခေါ်ဆိုပါ။*

កំណត់សម្គាល់: បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះ ដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သျှ်ဟ်သး. နမ့ၢ်လိၣ်ဘျီတၢ်မၤစၢၤကလိနၤလၢ တၢ်ကကွဲးကျိးထံဝဲဒၣ် လံာ်တီလံာ်မိတခါအံၤအပိ ကိးလိတဲစိနီၣ်ဂံၢ် လၢထးအံၤန့ၣ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທສຳເລັດໂທລະສັບຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

American Indian Health Statement

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently asked questions	Answers
<p>What is a Minnesota Senior Health Options (MSHO) plan?</p>	<p>UHC Dual Complete® (HMO D-SNP) is part of the Minnesota Senior Health Options (MSHO) program. This program was designed by the Minnesota Department of Human Services (DHS) to provide special care for seniors age 65 and over. UHC Dual Complete® (HMO D-SNP) combines your Medicare and Medical Assistance services. It combines your doctors, hospital, pharmacies, home care, nursing home care, and other health care providers into one coordinated care system. It also has care coordinators to help you manage all your providers and services. They all work together to provide the care you need. Our MSHO program is called UHC Dual Complete® (HMO D-SNP).</p>

If you have questions, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

Frequently asked questions	Answers
<p>Will I get the same Medicare and Medical Assistance benefits in UHC Dual Complete® (HMO D-SNP) that I get now?</p>	<p>You will get most of your covered Medicare and Medical Assistance benefits directly from UHC Dual Complete® (HMO D-SNP). 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 based on your needs, and your doctor and care team assessment. You may also get other benefits outside of your health plan the same way you do now, directly from another source, such as the State, county, Federal government, or Tribal nation.</p> <p>When you enroll in UHC Dual Complete® (HMO D-SNP), you and your care team will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that UHC Dual Complete® (HMO D-SNP) does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for UHC Dual Complete® (HMO D-SNP) to cover your drug if medically necessary. For more information, call UHC Dual Complete® (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.</p>

If you have questions, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

Frequently asked questions	Answers
<p>Can I go to the same doctors I use now?</p>	<p>This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with UHC Dual Complete® (HMO D-SNP) and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” Network providers participate in UHC Dual Complete® (HMO D-SNP). That means they accept members of UHC Dual Complete® (HMO D-SNP) and provide services UHC Dual Complete® (HMO D-SNP) covers. You must use the providers in UHC Dual Complete® (HMO D-SNP)’s network. If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of ours plan. • If you are currently under treatment with a provider that is out of UHC Dual Complete® (HMO D-SNP)’s network, or have an established relationship with a provider that is out of UHC Dual Complete® (HMO D-SNP)’s network, call UHC Dual Complete® (HMO D-SNP) Member Services to check about staying connected. <p>To find out if your providers are in the plan’s network, call UHC Dual Complete® (HMO D-SNP) Member Services at the numbers listed at the bottom of this page or read UHC Dual Complete® (HMO D-SNP)’s Provider and Pharmacy Directory on the plan’s website at myuhc.com/communityplan. If UHC Dual Complete® (HMO D-SNP) is new for you, we will work with you to develop a care plan to address your needs.</p>

If you have questions, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

Frequently asked questions	Answers
What is a UHC Dual Complete® (HMO D-SNP) care coordinator?	<p>A care coordinator is one main person for you to contact. This person helps to manage all your providers and services and makes sure you get what you need, including the following:</p> <ul style="list-style-type: none"> • Assisting you in arranging for, getting, and coordinating assessments, tests, and health and long-term care supports and services • Working with you to develop and update your care plan • Supporting you and communicating with a variety of agencies and persons • Coordinating other services as outlined in your care plan
What are long-term services and supports (LTSS)?	<p>Long-term services and supports are services that help people who need assistance doing everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services help you stay in your home so you don't need to move to a nursing home or hospital.</p>
What happens if I need a service but no one in this plan'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, UHC Dual Complete® (HMO D-SNP) will pay for the cost of an out-of-network provider. A prior authorization may be required before getting services from out-of-network providers.</p>
Where is this plan available?	<p>The service area for this plan includes this Minnesota county: St. Louis County. You must live in this county to join the plan. Call UHC Dual Complete® (HMO D-SNP) Member Services for more information about whether the plan is available where you live.</p>

If you have questions, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

Frequently asked questions	Answers
What is prior authorization?	<p>Prior authorization means an approval from UHC Dual Complete® (HMO D-SNP) to get services outside of our network or to get services not routinely covered by our network before you get the services. UHC Dual Complete® (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. UHC Dual Complete® (HMO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from us before the service is provided.</p> <p>Refer to Chapter 3, of the Member Handbook to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the Member Handbook to learn which services require a prior authorization.</p> <p>If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call UHC Dual Complete® (HMO D-SNP) Member Services at the numbers listed at the bottom of this page for help.</p>
Do I pay a monthly amount (also called a premium) under UHC Dual Complete® (HMO D-SNP)?	No. Because you have Medical Assistance, you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of UHC Dual Complete® (HMO D-SNP)?	No. You do not pay deductibles in UHC Dual Complete® (HMO D-SNP).
What is the maximum out-of-pocket amount that I will pay for medical services as a member of UHC Dual Complete® (HMO D-SNP)?	There is no cost-sharing for medical services in UHC Dual Complete® (HMO D-SNP), so your annual out-of-pocket costs will be \$0.
Do I have a coverage gap for drugs?	No. Because you have Medical Assistance, you will not have a coverage gap stage for your drugs.

If you have questions, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

Frequently asked questions	Answers
<p>Who should I contact if I have questions or need help?</p>	<p>If you have general questions or questions about UHC Dual Complete® (HMO D-SNP), services, service area, billing, or member cards, call UHC Dual Complete® (HMO D-SNP)'s Member Services:</p> <p>Call 1-844-368-5888</p> <p>The call is free. 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September</p> <p>Member Services also has free language interpreter services available for people who do not speak English.</p> <p>TTY 711, or use your preferred relay service.</p> <p>The call is free. 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September</p> <p>If you have questions about your health, call the NurseLine:</p> <p>Call 1-877-440-9407</p> <p>The call is free. 24 hours a day, 7 days a week.</p> <p>TTY 711, or use your preferred relay service.</p> <p>The call is free. 24 hours a day, 7 days a week.</p> <p>If you need immediate behavioral health services, call the Behavioral Health Crisis Line:</p> <p>Call 1-844-368-5888</p> <p>Calls to this number are free. 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September</p> <p>TTY 711, or use your preferred relay service.</p> <p>Calls to this number are free. 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September</p>

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C. List of covered services

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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission.
	Outpatient hospital services, including observation	\$0	
	Doctor or surgeon care	\$0	
	Ambulatory surgical center (ASC) services	\$0	Your provider must obtain prior authorization.
You want to use a health care provider	Visits to treat an injury or illness	\$0	
	Specialist care	\$0	
	Wellness visits, such as a physical	\$0	
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	
	“Welcome to Medicare” preventive visit (one time only)	\$0	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need emergency care	Emergency room services	\$0	You may use any emergency room if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network. Emergency room services are NOT covered outside of the U.S. and its territories. Contact the plan for details.
	Urgent care	\$0	Urgently needed care is NOT emergency care. You do not need prior authorization and you do not have to be in-network. Urgently needed care services are NOT covered outside the U.S. and its territories. Contact the plan for details.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need medical tests	Lab tests and diagnostic procedures, such as blood work	\$0	
	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	
	Screening tests, such as tests to check for cancer	\$0	
You need hearing/auditory services	Hearing screenings	\$0	1 per year
	Hearing aids	\$0	Available through your Medical Assistance benefits
You need dental care	Dental check-ups and preventive care	\$0	Preventative coverage for exams, cleanings, X-rays, and fluoride. Root canals, fillings and dentures covered when medically necessary.
	Restorative and emergency dental care	\$0	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need eye care	Eye exams	\$0	
	Glasses or contact lenses	\$0	
	Other vision care	\$0	
You need mental health services	Mental health services	\$0	
	Inpatient and outpatient care and community-based services for people who need mental health services	\$0	
You need substance use disorder services	Substance use disorder services	\$0	
You need a place to live with people available to help you	Customized Living (services provided in an assisted living setting)	\$0	State eligibility requirements may apply.
	Skilled nursing care	\$0	Medically necessary skilled nursing care is covered.
	Nursing home care	\$0	Your provider must obtain prior authorization.
	Adult Foster Care	\$0	State eligibility requirements may apply.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	There may be limits on physical therapy, occupational therapy, and speech therapy services. If so, there may be exceptions to these limits. Your provider must obtain prior authorization.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
<p>You need help getting to health services</p>	<p>Ambulance services</p>	<p>\$0</p>	<p>Ambulance services must be medically necessary. You do not need prior authorization for ambulance services and you do not have to be in-network.</p>
	<p>Emergency transportation</p>	<p>\$0</p>	
	<p>Transportation to medical appointments and services</p>	<p>\$0</p>	<p>UHC Dual Complete® (HMO D-SNP) is not required to provide transportation to your primary care clinic (PCC) if it is over 30 miles from your home.</p> <p>UHC Dual Complete® (HMO D-SNP) is not required to provide transportation to your specialty care clinic if it is over 60 miles from your home.</p>
	<p>Transportation to other health services</p>	<p>\$0</p>	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued on the next page)</p>	<p>Medicare Part B prescription drugs</p>	<p>\$0</p>	<p>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.</p> <p>Your provider may need to obtain prior authorization.</p>
	<p>Tier 1 Generic drugs (no brand name) (continued on the next page)</p>	<p>\$0 for a 30-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please refer to UHC Dual Complete® (HMO D-SNP)'s List of Covered Drugs (Drug List) at myuhc.com/communityplan for more information.</p> <p>UHC Dual Complete® (HMO D-SNP) may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from UHC Dual Complete® (HMO D-SNP) for certain drugs.</p>

If you have questions, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued on the next page)</p>	<p>Tier 1 Generic drugs (no brand name)</p>	<p>\$0 for a 30-day supply.</p>	<p>You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, List of Covered Drugs (Drug List), and printed materials, as well as on the Medicare Plan Finder on medicare.gov.</p> <p>Your provider must get prior authorization from UHC Dual Complete® (HMO D-SNP) for certain drugs.</p> <p>Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan’s List of Covered Drugs (Drug List). UHC Dual Complete®(HMO D-SNP) covers most Part D vaccines at no cost to you.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued on the next page)</p>	<p>Tier 1 Brand name drugs (continued on the next page)</p>	<p>\$0 for a 30-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please refer to UHC Dual Complete® (HMO D-SNP)'s List of Covered Drugs (Drug List) at myuhc.com/communityplan for more information.</p> <p>UHC Dual Complete® (HMO D-SNP) may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from UHC Dual Complete® (HMO D-SNP) for certain drugs.</p> <p>UHC Dual Complete® (HMO D-SNP) may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p>

If you have questions, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued on the next page)</p>	<p>Tier 1 Brand name drugs</p>	<p>\$0 for a 30-day supply.</p>	<p>You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network.</p> <p>These drugs are listed on the plan’s website, List of Covered Drugs (Drug List), and printed materials, as well as on the Medicare Plan Finder on medicare.gov.</p> <p>Important Message About What You Pay for Vaccines — Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan’s List of Covered Drugs (Drug List). Our plan covers most Part D vaccines at no cost to you.</p> <p>Your provider must get prior authorization from UHC Dual Complete® (HMO D-SNP) for certain drugs.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
<p>You need help getting better or have special health needs</p>	<p>Over-the-counter (OTC) drugs</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Please refer to UHC Dual Complete® (HMO D-SNP)'s List of Covered Drugs (Drug List) for more information.</p> <p>Over-the-counter benefits have expiration timeframes. Call your plan or review your Member Handbook for more information.</p>
<p>You need drugs to treat your illness or condition</p>	<p>Diabetes medications</p>	<p>\$0 for 30-day-day supply.</p> <p>When you reach the out-of-pocket limit of \$8,000 for your Part D prescription drugs, the Catastrophic Coverage Stage begins.</p> <p>You will stay in the Catastrophic Coverage Stage until the end of the calendar year. During this stage, your copays for Part D drugs will be \$0.</p>	<p>There may be limitations on the types of drugs covered. Please refer to UHC Dual Complete® (HMO D-SNP)'s List of Covered Drugs (Drug List) at myuhc.com/communityplan for more information.</p> <p>UHC Dual Complete® (HMO D-SNP) may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from UHC Dual Complete® (HMO D-SNP) for certain drugs.</p>

If you have questions, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
<p>You need help getting better or have special health needs</p>	Rehabilitation services	\$0	<p>Medically necessary rehabilitation services are covered.</p>
	Medical equipment for home care	\$0	
	Dialysis services	\$0	
<p>You need foot care</p>	Podiatry services	\$0	<p>Podiatry visits are for medically necessary foot care.</p>
	Orthotic services	\$0	
<p>You need durable medical equipment (DME)</p> <p>(Note: This is not a complete list of covered DME or supplies. Call Member Services or read the Member Handbook for more information.)</p>	<p>Wheelchairs, crutches, and walkers Nebulizers Oxygen equipment and supplies</p>	\$0	<p>Your provider must obtain prior authorization.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need help living at home	Personal care assistant	\$0	
	Changes to your home, such as ramps and wheelchair access	\$0	State eligibility requirements may apply.
	Home services, such as cleaning or housekeeping	\$0	State eligibility requirements may apply.
	Meals brought to your home	\$0	State eligibility requirements may apply.
	Adult day services or other support services	\$0	State eligibility requirements may apply.
	Services to help you live on your own	\$0	State eligibility requirements may apply.
Your caregiver needs some time off	Respite care	\$0	State eligibility requirements may apply.
You need interpreter services	Spoken language interpreter	\$0	
	Sign language interpreter	\$0	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional Services (continued on the next page)	Acupuncture	\$0	
	Care coordination	\$0	
	Chiropractic services	\$0	
	Diabetes supplies and services	\$0	
	Family planning	\$0	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
<p>Additional Services (continued on the next page)</p>	<p>Fitness benefit</p>	<p>\$0</p>	<p>Renew Active® benefit includes a free gym membership at a gym near you, access to the largest national network of gyms and fitness locations, access to many premium gyms and fitness locations, as well as an annual personalized fitness plan.</p> <p>Members who need help can bring a workout assistant to the gym.</p> <p>Access is available to thousands of on-demand workout videos and live streaming fitness classes, as well as social activities at local health and wellness classes, clubs and events.</p> <p>Online Fitbit® Community is included for Renew Active — no Fitbit device needed.</p> <p>Members have access to the AARP® Staying Sharp® App.</p> <p>A free Fitbit® is available to help you reach your health and fitness goals.</p>

If you have questions, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional Services (continued on the next page)	Home support services	\$0	\$150 a quarter for home support services including pest control and more. See your Member Handbook for more details.
	Housing stabilization services	\$0	
	Meal benefit	\$0	28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay Your provider must obtain prior authorization.
	NurseLine	\$0	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
<p>Additional Services (continued on the next page)</p>	<p>Food, over-the-counter (OTC) and utility bill credit</p>	<p>\$0</p>	<p>\$180 credit every month to pay for healthy food, OTC products and utility bills, to buy healthy foods like fruits and vegetables, meat, seafood, dairy products and water.</p> <p>Choose from thousands of OTC products, like toothpaste, first aid, bladder control pads and more.</p> <p>You can pay home utility bills like electricity, heat, water and internet.</p> <p>Thousands of participating stores are available to you, including Walmart, Walgreens, Kroger and CVS, or at neighborhood stores near you.</p>
	<p>Prosthetic services</p>	<p>\$0</p>	
	<p>Radiation therapy</p>	<p>\$0</p>	
	<p>Routine Foot Care</p>	<p>\$0</p>	<p>6 visits per year</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional Services (continued on the next page)	Routine Transportation	\$0	The plan covers unlimited trips for medically necessary appointments and to pharmacies. In addition the plan covers 48 one-way trips to or from approved locations, such as gyms, community centers and places of worship.
	AbleTo Self Care	\$0	AbleTo Self Care is a self-help mobile digital application that focuses on empowering individuals in improving their mental health, through interaction with their smart phone application tools and activities.
	Second Harvest Heartland FoodRx program	\$0	Provides a food prescription program for subset of members with chronic conditions and/ or those who recently experienced an inpatient stay. Eligibility requirements may apply.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional Services (continued on the next page)	Seeking Safety	\$0	Seeking Safety is a manual based model that helps individuals dealing with trauma/ PTSD and substance abuse establish safety in their lives. Seeking Safety applies 25 coping skills to help attain and maintain safety in relationships, thinking, behaviors and emotions.
	Services to help manage your disease	\$0	
	Virtual Medical Visits	\$0	Talk with a network telehealth provider online through live audio and video.
	Virtual Mental Health Visits	\$0	Talk with a network telehealth provider online through live audio and video.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional Services (continued)	White Bison	\$0	White Bison offers sobriety, recovery, addiction prevention, and wellness/Wellbriety learning resources to the Native American/Alaska Native community nationwide. Eligibility requirements apply.

This summary of benefits is provided for informational purposes only and is not a complete list of benefits. Call UHC Dual Complete® (HMO D-SNP) Member Services or read the **Member Handbook** to find out about other covered services.

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D. Services covered outside of UHC Dual Complete® (HMO D-SNP)

There are some services that you can get that are not covered by UHC Dual Complete® (HMO D-SNP) but are covered by Medicare, Medical Assistance, or a State or county agency. This is not a complete list. Call UHC Dual Complete® (HMO D-SNP) Member Services at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare or Medical Assistance	Your costs
Some hospice care services Except Elderly Waiver services, other waiver services provided under Home and Community-Based Services waivers	\$0

E. Services that UHC Dual Complete® (HMO D-SNP), Medicare, or Medical Assistance do not cover

This is not a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.

Services that UHC Dual Complete® (HMO D-SNP), Medicare, or Medical Assistance do not cover
Services not considered “reasonable and necessary” according to standards of Medicare and Medical Assistance
Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study
Surgical treatment for morbid obesity except when medically necessary
Elective or voluntary enhancement procedures
Cosmetic surgery or other cosmetic work unless criteria is met
Lasik surgery

If you have questions, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

F. Your rights as a member of the plan

As a member of UHC Dual Complete® (HMO D-SNP), you have certain rights concerning your health care. You can exercise these rights without being punished. You can also use these rights without losing your health care services. You also have certain responsibilities to the health care providers who are taking care of you. For more information on your rights and responsibilities, 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, color, religion, creed, sex (including sex stereotypes and gender identity) sexual orientation, or public assistance
 - Get information in other languages and formats (for example, large print, braille, audio) free of charge
 - Be free from any form of physical restraint or seclusion
 - Not be billed by network providers
 - Have your questions and concerns answered completely and courteously
 - Apply your rights freely without any negative effect on the way UHC Dual Complete® (HMO D-SNP) or your provider treats you
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options, regardless of cost or benefit coverage. This information should be in a format and language you can understand. These rights include getting information on:
 - UHC Dual Complete® (HMO D-SNP)
 - The services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and Care Coordinators
 - Your rights and responsibilities
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP). You can change your PCP at any time during the year. You can call **1-844-368-5888** if you want to change your PCP.
 - See a women’s health care provider without a referral
 - Get your covered services and drugs quickly

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- Know about all treatment options, no matter what they cost or whether they are covered
- Refuse treatment as far as the law allows, even if your health care provider advises against it
- Stop taking medicine, even if your health care provider advises against it
- Ask for a second opinion. UHC Dual Complete® (HMO D-SNP) will pay for the cost of your second opinion visit.
- Make your health care wishes known in an advance directive
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act.
 - Have interpreters to help with communication with your doctors, other providers, and your health plan. Call **1-844-368-5888** if you need help with this service.
 - Have your **Member Handbook** and any printed materials from UHC Dual Complete® (HMO D-SNP) translated into your primary language, and/or to have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
 - Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience, or retaliation
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency and urgent care services, 24 hours a day, 7 days a week, without prior approval
 - See 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
 - Have privacy during treatment
- **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. You also have the right to appeal certain decisions made by us or our providers.
 - Ask for a State Appeal (Medicaid Fair Hearing with the State)
 - Get a detailed reason why services were denied

If you have questions, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

For more information about your rights, you can read the **Member Handbook**. If you have questions, you can call UHC Dual Complete® (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

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

If you have a complaint or think UHC Dual Complete® (HMO D-SNP) should cover something we denied, call Member Services at the numbers listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the **Member Handbook**. You can also call UHC Dual Complete® (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

For complaints/grievances or medical appeals: For Part D or Medicaid drug appeals only:

UnitedHealthcare Appeals and Grievance
Department
P.O. Box 6106, MS CA124-0187
Cypress, CA 90630-0016

UnitedHealthcare Part D Appeal and Grievance
Department
P.O. Box 6106, MS CA124-0197
Cypress, CA 90630-0016

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 UHC Dual Complete® (HMO D-SNP)'s Member Services. Phone numbers are at the bottom of the page.
- Or, call the Minnesota Fraud Hotline at **1-800-627-9977**. The call is free. TTY users may call **711** toll-free number.
- Or, call Medicare at **1-800-MEDICARE (1-800-633-4227)**. TTY users may call **1-877-486-2048**. You can call these numbers for free, 24 hours a day, 7 days a week.

If you have questions, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

If you have general questions or questions about UHC Dual Complete® (HMO D-SNP), services, service area, billing, or Member ID Cards, please call UHC Dual Complete® (HMO D-SNP) Member Services:



Call 1-844-368-5888

The call is free. 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September

Member Services also has free language interpreter services available for non-English speakers.

TTY 711, or use your preferred relay service.

The call is free. 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September

If you have questions about your health:

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call the NurseLine. A nurse will listen to your problem and tell you how to get care. (Example: urgent care, emergency room). The numbers for the NurseLine are:



Call 1-877-440-9407

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

UHC Dual Complete® (HMO D-SNP) also has free language interpreter services available for non-English speakers.

TTY 711, or use your preferred relay service.

The call is free. 24 hours a day, 7 days a week

Important information: 2024 Medicare star ratings



UnitedHealthcare - H0845

For 2024, UnitedHealthcare - H0845 received the following Star Ratings from Medicare:

Overall Star Rating: Plan too new to be measured
Health Services Rating: Plan too new to be measured
Drug Services Rating: Plan too new to be measured

*Some plans do not have enough data to rate performance.

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings are Important

Medicare rates plans on their health and drug services. This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars shows how well a plan performs.

- ★ ★ ★ ★ ★ EXCELLENT
- ★ ★ ★ ★ ABOVE AVERAGE
- ★ ★ ★ AVERAGE
- ★ ★ BELOW AVERAGE
- ★ POOR

Get More Information on Star Ratings Online

Compare Star ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact UnitedHealthcare 7 days a week from 8:00 a.m. to 8:00 p.m. Local time at **888-834-3721** (toll-free) or **711** (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Local time. Current members please call **844-368-5888** (toll-free) or **711** (TTY).

Alternative Covered Drugs

Your plan's Medicare Part D Drug List includes many different types of drugs, but it doesn't include all drugs. Drugs not covered by your plan typically have alternative drugs that can be used instead. This is a **partial** list of alternative drugs that you can use in place of some drugs that are not covered by your plan.



Talk with your provider or pharmacist to see if the alternative drugs listed here are appropriate for you.

Drugs not covered by the plan	Alternative covered drugs
Amitiza	Linzess Lubiprostone Movantik Motegrity Trulance
Basaglar	Lantus Levemir Toujeo Tresiba
Bystolic	Atenolol Tablet Bisoprolol Fumarate Metoprolol Tablet Carvedilol Tablet
Cialis & Tadalafil 2.5mg and 5mg (BPH Only)	Alfuzosin Extended Release Doxazosin Tamsulosin
Cyclosporine Ophthalmic	Restasis Tyvaya
Icosapent Cap	Vascepa
Latuda	Lurasidone
Metformin HCL Extended Release (Osmotic)	Metformin Extended Release (Generic Glucophage XR)
Novolin	Humulin
Novolog	Humalog Insulin Lispro Lyumjev
Nucynta ER	Xtampza XR Morphine Sulfate ER 15mg, 30mg, 60mg, 100mg Tablets
OxyContin	Xtampza XR Morphine Sulfate ER 15mg, 30mg, 60mg, 100mg Tablets

Drugs not covered by the plan	Alternative covered drugs
Pradaxa	Eliquis Xarelto
Proair	Albuterol HFA (Generic Proair/Proventil HFA and Ventolin HFA) Ventolin HFA
Proventil HFA	Albuterol HFA (Generic Proair/Proventil HFA and Ventolin HFA) Ventolin HFA
Venlafaxine HCL Extended Release Tablet	Venlafaxine HCL Extended Release Capsule
Victoza	Trulicity Mounjaro Ozempic Bydureon
Zolpidem Tartrate Extended Release	Trazodone 50mg, 100mg, 150mg Tablet Zolpidem Immediate Release Belsomra

Bold type = Brand name drug Plain type = Generic drug



Note: Alternatives are suggestions only and may or may not be appropriate depending on the specific illness being treated. Information is accurate as of August 1, 2023, and may be subject to change. Please refer to the Drug List for details on drug coverage.

The Drug List may change at any time. You will receive notice when necessary.

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Helpful resources

You may qualify for Extra Help from Medicare

Extra Help is a program for people with limited incomes and resources who need help paying Part D premiums, deductibles and copays. To see if you qualify for Extra Help, call:

- The Social Security Administration at **1-800-772-1213**, TTY **711**, **1-800-325-0778** or visit **ssa.gov**
- Your state Medicaid office or visit **medicaid.gov**

Resources for Caregivers

UnitedHealthcare offers resources and support for our members and the people who care for them. Ask about our caregiving resources the next time you call or visit **uhc.com/caregiving**.

We're here to help

There's much more to good health than what happens in the doctor's office. Other factors — such as access to food, housing, transportation and financial stability — are just as important. We may be able to help connect you to discounts and services that make your life easier — all at no cost to you. These services may help you:



Save on utility bills, prescription drug expenses and even home repair costs



Find low-cost, easy-to-use transportation



Determine Medicaid eligibility, depending on your income



Find local support groups



Learn about Veterans' Services and support



If you are a veteran or Dual Special Needs Plan member, please call **1-866-427-1873**, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Saturday to learn more about programs and eligibility. For all other Medicare Advantage members, call **1-866-865-3851**, TTY **711**, 9 a.m.–6 p.m. local time, Monday–Friday.

Medicare Made Clear®

Medicare Made Clear is an educational program from UnitedHealthcare® designed to help you learn all you need to know about Medicare so you can make informed decisions about your health and Medicare coverage.



MedicareMadeClear.com

Before you enroll

Make sure this plan is the right one for you. It's important that you understand how the plan works and what benefits are covered before you enroll in this plan. You can find the Drug List (Formulary), Provider and Pharmacy directories and the Member Handbook at [UHCCommunityPlan.com](https://www.uhccommunityplan.com).



Did you check the online Drug List to make sure your prescription drugs are covered?



Did you check the online Provider Directory to make sure your providers are in the network?

If your providers are not in the network, you will need to select a new network provider.



Did you review the online Pharmacy Directory to make sure the pharmacy you use is in the network?

If your pharmacy is not in the network, you will need to select a new network pharmacy.



Did you look through the Summary of Benefits in this booklet to review your medical services and prescription drugs?

If you want more information, the Member Handbook includes a complete list of coverage, benefits and plan rules.



You're eligible to enroll in this Dual Special Needs Plan (D-SNP) if you:



Are enrolled in Original Medicare Parts A and B and are 65 or older



Receive state Medical Assistance benefits



Live in the plan's service area

What to expect after you enroll

Once you're a member, you'll find support for what matters, big and small. You can easily manage and find answers about your plan on the UnitedHealthcare app or your member site. And our all-in-one UnitedHealthcare UCard® makes it easier than ever to unlock more from your Medicare plan.



You are here
Enrollment
submitted



Create your
account to review
your plan online



UCard arrives in the
mail – be sure to
activate it



Coverage begins!
Start using
your plan

Manage your plan online

If you haven't done so already, use your member ID number and email address to create an account at myuhc.com/communityplan. Online you can:

- Find network providers and pharmacies and view plan documents, like your Drug List (Formulary)
- Complete your health assessment
- Review UnitedHealthcare UCard balances

Once your coverage begins

- Schedule your annual physical and wellness visit
- Schedule your yearly in-home preventive care visit with UnitedHealthcare® HouseCalls. Visit uhhousecalls.com to learn more
- Get a 3-month supply of your prescriptions using a home delivery pharmacy service

Benefits may change on January 1 of each year

We'll send you an Annual Notice of Changes in September that will tell you about any changes to your plan for the next year. If the plan no longer meets your needs, you can enroll in a new plan during the Annual Enrollment Period.

Thank you for choosing UnitedHealthcare

If you have questions, call the number on your UnitedHealthcare UCard.

Scan this code to access
the member site using
your member ID number



How to enroll

You can enroll by phone, online, mail or fax. Simply choose the way that's easiest for you and follow the directions below.



By phone

Call one of our Licensed Sales Representatives toll-free at **1-844-560-4944**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week to enroll over the phone or to schedule a face-to-face appointment with an agent in your area.



Online

Go to **UHCommunityPlan.com** and follow the step-by-step instructions to enroll.



By mail

Fill out the Enrollment Request Form and mail it to:
UnitedHealthcare
P.O. Box 30770
Salt Lake City, UT 84130-0770



By fax

Fill out the Enrollment Request Form and fax the front and back of each page to:
1-888-950-1170

Enrollment Request Form checkpoints

- | | |
|---|--|
| ✓ Print your name exactly as it appears on your red, white and blue Medicare card | ✓ Sign and date where indicated |
| ✓ Make sure you have chosen the plan type that works best for you | ✓ Verify your date of birth |
| ✓ Make sure your permanent address is correct | ✓ Verify your providers accept the plan you are choosing |
| | ✓ Provide the name of your primary care provider (PCP) |

Scope of Appointment Confirmation Form

Before meeting with a Medicare beneficiary (or their authorized representative), Medicare requires that Sales Agents use this form to ensure your appointment focuses only on the type of plan and products you are interested in. A separate form should be used for each Medicare beneficiary.

Please check what you want to discuss with the Sales Agent (See the back of this page for definitions):

- Medicare Advantage plans (Part C) and cost plans
- Stand-alone Medicare prescription drug (Part D) plan
- Medicare Supplement (Medigap) products
- Dental-vision-hearing products
- Hospital indemnity products

By signing this form, you agree to meet with a Sales Agent to discuss the products checked above. The Sales Agent is either employed or contracted by a Medicare plan and may be paid based on your enrollment in a plan. They do not work directly for the federal government.

Signing this form does not affect your current or future enrollment in a Medicare plan, enroll you in a Medicare plan or obligate you to enroll in a Medicare plan. All information provided on this form is confidential.

Beneficiary or authorized representative signature and signature date:

Signature of beneficiary/authorized representative	Today's date
_____	MM - DD - YYYY

If you are the authorized representative, please sign above and print clearly and legibly below:

Name (First and Last)	Relationship to beneficiary
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To be completed by licensed sales representative (please print clearly and legibly)

Sales Agent name (First and Last)	Sales Agent phone ■ ■ ■ ■ - ■ ■ ■ ■ - ■ ■ ■ ■ ■ ■	Sales Agent ID
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Beneficiary name (First and Last)	Beneficiary phone ■ ■ ■ ■ - ■ ■ ■ ■ - ■ ■ ■ ■ ■ ■	Date of appointment MM - DD - YYYY
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Beneficiary address

Initial method of contact	Plan(s) the Sales Agent will represent during the meeting
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Sales Agent signature

Medicare Advantage plans (Part C) and cost plans

Medicare Health Maintenance Organization (HMO) Plan — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare health maintenance organization (HMO) plan — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. HMO-POS plans may allow you to get some services out of network for a higher copay or coinsurance.

Medicare preferred provider organization (PPO) Plan — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors, providers and hospitals but you can also use out-of-network providers, usually at a higher cost.

Medicare private fee-for-service (PFFS) plan — A Medicare Advantage plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you — not all providers will. If you join a PFFS plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

Medicare Special Needs Plan (SNP) — A Medicare Advantage plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

Medicare Medical Savings Account (MSA) plan — MSA plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

Medicare cost plan — In a Medicare cost plan, you can go to providers both in and out-of-network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

Stand-alone Medicare prescription drug (Part D) plan

Medicare prescription drug plan (PDP) — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-For-Service Plans, and Medicare Medical Savings Account Plans.

Other related products

Medicare Supplement (Medigap) Products — Insurance plans that help pay some of the out-of-pocket costs not paid by Original Medicare Part A and Part B, such as deductibles and coinsurance amounts for Medicare approved services.

Dental/vision/hearing products — Plans offering additional benefits for consumers who are looking to cover needs for dental, vision, or hearing. These plans are not affiliated or connected to Medicare.

Hospital indemnity products — Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans are not affiliated or connected to Medicare.



UHC Dual Complete MN-Y002 (HMO D-SNP) Enrollment Form

UHC Dual Complete MN-Y002 (HMO D-SNP) Enrollment Telephone Numbers



844-560-4944, TTY for the hearing impaired at **711**.
8 a.m.–8 p.m. local time, 7 days a week. The call is free.

UHC Dual Complete MN-Y002 (HMO D-SNP) Member Services Telephone Numbers



844-368-5888. TTY for the hearing impaired at **711**.
8 a.m.–8 p.m.: October–March: seven days a week;
April–September, Monday through Friday. The call is free.

Return the completed form, pages 2 to 6, to:



UHC Dual Complete MN-Y002 (HMO D-SNP)
P.O. Box 30769
Salt Lake City, UT 84130-0769
Fax the front and back of each page to: **888-950-1169**

Please contact UHC Dual Complete MN-Y002 (HMO D-SNP) at the number listed above if you need information in another language or format.

UHC Dual Complete MN-Y002 (HMO D-SNP) is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in UHC Dual Complete MN-Y002 (HMO D-SNP) depends on contract renewal.

Member name

MHCP member number

UHC Dual Complete MN-Y002 (HMO D-SNP) Enrollment Request Form

To join UHC Dual Complete MN-Y002 (HMO D-SNP), you must have **Medicare Part A, Medicare Part B, and Medical Assistance (Medicaid)**, and be age 65 or over, and live in UHC Dual Complete MN-Y002 (HMO D-SNP) service area.

Section 1. Tell us about yourself

1	Name: (first, Optional: middle, last)			
2	Date of birth (__ __ / __ __ / __ __ __ __) M M D D Y Y Y Y		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
3	Phone number () —		Another phone number (Optional) () —	
4	Address where you live (P.O. Box is not allowed)			
	City	State	ZIP code	County
5	Address where you get mail (if different from where you live)			
	City	State	ZIP code	County
6	Do you live in a long-term care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", fill in the information below:			
	Name of the facility		Phone number () —	
7	Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If "Yes," check the language below:			
	<input type="checkbox"/> 01 Spanish	<input type="checkbox"/> 05 Lao	<input type="checkbox"/> 09 Amharic	<input type="checkbox"/> 16 French
	<input type="checkbox"/> 02 Hmong	<input type="checkbox"/> 06 Russian	<input type="checkbox"/> 10 Arabic	<input type="checkbox"/> 20 Korean
	<input type="checkbox"/> 03 Vietnamese	<input type="checkbox"/> 07 Somali	<input type="checkbox"/> 12 Oromo	<input type="checkbox"/> 21 Karen
	<input type="checkbox"/> 04 Khmer (Cambodian)	<input type="checkbox"/> 08 ASL (American Sign Language)	<input type="checkbox"/> 14 Burmese	<input type="checkbox"/> 98 Other
	<input type="checkbox"/> 15 Cantonese			
	Authorized Representative		Authorized Representative phone number () —	

Member name

MHCP member number

Section 2. Tell us about yourself

You are not required to answer questions or give any information in this section. It's your choice to share this information with us. We can't deny you coverage if you don't answer them.

8	Do you want us to send you information in a language other than English? If Yes, write language: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Do you want us to send you information in an accessible format? If "Yes," check format: <input type="checkbox"/> Braille <input type="checkbox"/> Large print <input type="checkbox"/> Audio Please contact UHC Dual Complete MN-Y002 (HMO D-SNP) at 844-368-5888 if you need information in an accessible format other than what's listed above. Our office hours are 8 a.m.–8 p.m.: October–March, seven days a week; April–September: Monday through Friday. TTY users can call 711.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Are you Hispanic, Latinola, or Spanish origin? Select all that apply. <input type="checkbox"/> No, not of Hispanic, Latino/a, or Spanish origin <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/a <input type="checkbox"/> Yes, another Hispanic, Latino/a or Spanish origin <input type="checkbox"/> I choose not to answer <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban	
11	What's your race? Select all that apply. <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Other Asian <input type="checkbox"/> I chose not to answer <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan	
12	Do you want to get information by email? If "Yes," provide your email address. Email: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Do you work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your spouse work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply
14	Name the primary care clinic/care system you are choosing:	Primary care clinic/care system provider ID number found in the Provider and Pharmacy Directory

Member name

MHCP member number

Section 3. Tell us about your Medicare and Medical Assistance (Medicaid) coverage:

Fill in your Medicare and Minnesota Health Care Program (MHCP) information below. You can find Medicare information on your red, white, and blue Medicare card or in a letter from Social Security or the Railroad Retirement Board. Also, please put your Minnesota Health Care Program (MHCP) Member Number as it appears on the front of your card. This is also known as your Medical Assistance Member Number.

15	Medicare number:	MHCP member number:
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Section 4. Tell us about your health coverage including your prescription drug coverage:

Some people have other health insurance or drug coverage through private insurance, TRICARE, Employers, Unions, Veterans Affairs, or the State Pharmaceutical Assistance Programs.

16	Do you have other health coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If "Yes," fill in the information below:	
17	Name of your plan (and employer, if applicable):	Group number:
		ID number:

If you have health coverage from an employer or union right now, you or your dependents could lose that coverage when you join UHC Dual Complete MN-Y002 (HMO D-SNP). Your employer or union can give you more information about your coverage. If you have questions, talk with the person in your office who takes care of benefits.

Section 5. Tell us about your enrollment eligibility

Please read the following statements carefully and check the box if the statement applies to you. **Check all that apply.** By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- I am applying during the Medicare Advantage plan annual enrollment period from October 15 through December 7 and want my enrollment effective January 1.
- I am new to Medicare.
- I have both Medicare and Medical Assistance (Medicaid) (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- I recently had a change in my Medical Assistance (Medicaid) (newly got Medicaid or had a change in level of Medicaid assistance) on (date) _____ .
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (date) _____ .

Member name _____

MHCP member number _____

- I am moving into, live in, or recently moved out of a long-term care facility (for example, a nursing home). I moved or will move into or out of the facility on (date) _____ .
- I recently moved outside of the service area for my current plan, or I recently moved and this plan is a new option for me. I moved on (date) _____ .
- I am leaving employer or union coverage on (date) _____ .
- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (date) _____ .
- My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- I was enrolled in a plan by Medicare (or my state), and I want to choose a different plan. My enrollment in that plan started on (date) _____ .
- I recently was released from incarceration. I was released on (date) _____ .
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (date) _____ .
- I recently obtained lawful presence status in the United States. I got this status on (date) _____ .
- I was affected by a weather-related emergency or major disaster as declared by the Federal Emergency Management Agency (FEMA). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

If none of these statements apply to you or you're not sure, please contact UHC Dual Complete MN-Y002 (HMO D-SNP) at 844-560-4944 (TTY users should call 711) to find out if you're eligible to enroll. We are open 8 a.m.–8 p.m. local time, 7 days a week.

Member name

MHCP member number

Please read the information on page 7 and sign below.

When you sign this form, it means that you understand the information you read.

Name of applicant (Please print)

Signature

Today's date

If you are the authorized representative, **you must sign above** and provide the following information.

Name (Print)

Relationship to enrollee

Address (Print)

Telephone number

When the form is complete, mail or fax it to UHC Dual Complete MN-Y002 (HMO D-SNP). Our address and fax number are on the cover of this form.

Office use only:

Date: _____

Name of Authorized Sales Person: _____

Licensed Sales Agent ID: _____

Effective Date of Enrollment _____

Election Code _____

LIS Copay Level _____

LIS Copay Effective Date _____

Approved by _____

Member name

MHCP member number

Information and acknowledgment statements

<ul style="list-style-type: none"> • My response to this form is voluntary. I understand that my enrollment in UHC Dual Complete MN-Y002 (HMO D-SNP) may be affected if I don't respond. • I must keep Medicare Part A and Part B and Medical Assistance (Medicaid) to stay in UHC Dual Complete MN-Y002 (HMO D-SNP). • By joining UHC Dual Complete MN-Y002 (HMO D-SNP), I acknowledge that the plan will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by federal law that authorize collection of this information (see Privacy Act Statement below). • On the date UHC Dual Complete MN-Y002 (HMO D-SNP) coverage begins, I must get my medical and prescription drug benefits from UHC Dual Complete MN-Y002 (HMO D-SNP). • Benefits and services UHC Dual Complete MN-Y002 (HMO D-SNP) provides and contained in my Member Handbook are covered. Neither Medicare nor UHC Dual Complete MN-Y002 (HMO D-SNP) will pay for benefits or services that are not covered. • I understand that UHC Dual Complete MN-Y002 (HMO D-SNP) doesn't usually cover people while they're out of the country except under limited circumstances. • If I am now getting Elderly Waiver services through the county, I am aware that my case manager may be replaced by a different county case manager or a health plan care coordinator. 	<ul style="list-style-type: none"> • If I move, I need to tell my County Worker. • I can choose to leave UHC Dual Complete MN-Y002 (HMO D-SNP) at certain times of the year. I understand that I will be enrolled in UHC Dual Complete MN-Y002 (HMO D-SNP) through the last day of the month. I understand that I will be automatically enrolled in the Minnesota Senior Care Plus (MSC+) plan, which will cover my Medical Assistance (Medicaid) benefits. If I ask in writing, I will be enrolled in my previous MSC+ plan. • If I get a medical spenddown while enrolled in UHC Dual Complete MN-Y002 (HMO D-SNP) and do not pay it to the State, I will be disenrolled from UHC Dual Complete MN-Y002 (HMO D-SNP). • The information on this enrollment form is correct to the best of my knowledge. I understand that I will be disenrolled from UHC Dual Complete MN-Y002 (HMO D-SNP) if I intentionally give false information on this form. • My signature (or my authorized representative's signature) on this form means that I've read and understood this form. If an authorized representative signs, the person's signature means that they are authorized under State law to complete this enrollment, and documentation of this authority is available upon request from Medicare and/or Medical Assistance (Medicaid).
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Member name

MHCP member number

Privacy act statement

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose, and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) “Medicare Advantage Prescription Drug (MARx)”, System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.



CB5 (MCOs) (10-2021)

Civil Rights Notice

Discrimination is against the law. UnitedHealthcare Community Plan of Minnesota does not discriminate on the basis of any of the following:

- Race
- Color
- National origin
- Creed
- Religion
- Sexual orientation
- Public assistance status
- Age
- Disability (including physical or mental impairment)
- Sex (including sex stereotypes and gender identity)
- Marital status
- Political beliefs
- Medical condition
- Health status
- Receipt of health care services
- Claims experience
- Medical history
- Genetic information

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UnitedHealthcare Community Plan of Minnesota. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
 P.O. Box 30608
 Salt Lake City, UTAH 84130
 Toll Free: **1-844-368-5888**, TTY **711**
 Email: **UHC_Civil_Rights@uhc.com**

Auxiliary Aids and Services: UnitedHealthcare Community Plan of Minnesota provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact Member Services at 1-844-368-5888.**

Language Assistance Services: UnitedHealthcare Community Plan of Minnesota provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact Member Services at 1-844-368-5888.**

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UnitedHealthcare Community Plan of Minnesota. You may also contact any of the following agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- Race
- Color
- National origin
- Age
- Disability
- Sex
- Religion (in some cases)

Contact the **OCR** directly to file a complaint:

Office for Civil Rights
U.S. Department of Health and Human Services
Midwest Region
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601

Customer Response Center: Toll-free: 800-368-1019
TDD Toll-free: 800-537-7697
Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you have been discriminated against because of any of the following:

- Race
- Color
- National origin
- Religion
- Creed
- Sex
- Sexual orientation
- Marital status
- Public assistance status
- Disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
540 Fairview Avenue North, Suite 201
St. Paul, MN 55104

Voice: 651-539-1100
Toll free: 800-657-3704
MN Relay: 711 or 800-627-3529
Fax: 651-296-9042
Email: Info.MDHR@state.mn.us

Minnesota Department of Human Services (DHS)

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- Race
- Color
- National origin
- Religion (in some cases)
- Age
- Disability (including physical or mental impairment)
- Sex (including sex stereotypes and gender identity)

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. We will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator
 Minnesota Department of Human Services
 Equal Opportunity and Access Division
 P.O. Box 64997
 St. Paul, MN 55164-0997
 Voice: 651-431-3040 or use your preferred relay service

American Indian Health Statement

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.

1-844-368-5888, TTY 711

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအား အခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကို ခေါ်ဆိုပါ။*

កំណត់សម្គាល់៖ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះ ដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သျှ်ဟ်သး. နမ့ၢ်လိာ်ဘၣ်တၢ်မၤစၢၤကလီၤနၤလၢ တၢ်ကကွဲးကျိးထံဝဲဒၣ် လံာ်တီလံာ်မိတခါအံၤအယိ ကိးလိတဲစိနိာ်ဂံၢ် လၢထးအံၤန့ၣ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ ວິ, ຈົ່ງໂທສຳເລັດໂທລະສັບດັ່ງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

Member name

MHCP member number

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative at the number listed on the first page of this form.

This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and Medical Assistance from a State plan under Medicaid.

Additional requirements are as follows:

- ✓ You live in our service area; and
- ✓ You have both Medicare Part A and Medicare Part B; and
- ✓ You are a United States citizen or are lawfully present in the United States; and
- ✓ You are age 65 or over.

Understanding the benefits

- ✓ The Member Handbook provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit our plan website or call to get a copy of the Member Handbook.
- ✓ Review the Provider and Pharmacy Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ✓ Review the Provider and Pharmacy Directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ✓ Review the Formulary (List of Covered Drugs) to make sure your drugs are covered.

Understanding important rules

- ✓ Benefits may change on January 1 of each year.
- ✓ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the Provider and Pharmacy directory).

2024 Enrollment receipt

To be completed if enrolling with a Licensed Sales Representative.

Please use this as your temporary proof of coverage until Medicare and Medical Assistance (Medicaid) has confirmed your enrollment and you receive your UnitedHealthcare UCard®. This receipt is not a guarantee of enrollment.

This copy is for your records only. Please do not resubmit enrollment.

Applicant 1:	Applicant 2 (if applicable):
Name	Name
Application date - -	Application date - -
Proposed effective date - -	Proposed effective date - -
Plan name	Plan name
Plan type	Plan type
Health plan/PBP number	Health plan/PBP number
Enrollment tracking number (if applicable)	Enrollment tracking number (if applicable)

Call your Licensed Sales Representative if you have any questions:

Representative name and ID number

Representative phone number

□ □ □ - □ □ □ - □ □ □ □ □

RxBIN: 610097

Rx PCN: 7777

RxGRP: MPDMNCSP

We're here to help. If you have additional questions, please call Customer Service toll-free at **1-844-560-4944**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week.

Important reminder - You don't need a Medigap or Medicare Supplement insurance plan with a Medicare Advantage plan. If you currently have a Medigap plan, contact the insurer to cancel your plan once your Medicare Advantage plan begins.



Ready to use your extra benefits?

UHC Dual Complete MN-Y002 (HMO D-SNP)

Take advantage of your additional plan benefits by using the providers below.



Call **1-844-368-5888**, TTY **711**, 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept or visit myuhc.com/communityplan for:

- Fitness program: Renew Active®



Prescription drug home delivery
Optum Home Delivery, a service of
OptumRx
1-877-889-6358
OptumRx.com



Transportation
MTM
1-888-444-1519
myuhc.com/communityplan



**Food, Over-the-Counter (OTC) and
Utility Bill Credit**
Solutran
1-833-853-8587
myuhc.com/communityplan



Personal emergency response system
Lifeline
1-855-596-7612
lifeline.com/UHCMedicare



Home Support Services
1-833-414-4663
myuhc.com/communityplan



Nurse Hotline
1-877-440-9407



UnitedHealthcare has more than 45 years of experience serving members like you. You can count on us to be here when you need us. Call us when you need 1 on 1 support.

We're happy to help



Call toll-free **1-844-560-4944**, TTY **711**
or use your preferred relay service
8 a.m.-8 p.m. local time, 7 days a week



UHCCommunityPlan.com



Download the UnitedHealthcare app

Scan this code
to download the
UnitedHealthcare
app



Important plan information

Y0066_EGCov_2024_C
Y0066_MN_EGCov_2024_C_Accepted

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