



# 2024 Enrollment Guide

**UHC Dual Complete OH-D001 (HMO-POS D-SNP)**

H5253-059-000

**Service area:** Ohio - Butler, Clark, Cuyahoga, Franklin, Greene, Hamilton, Madison, Mahoning, Montgomery, Stark, Summit, Trumbull, Warren counties

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<sup>®</sup> 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. In fact, 4 out of 5 members would recommend UnitedHealthcare Dual Special Needs plans to family and friends.<sup>1</sup>



## More for your Medicare dollar

Use your UnitedHealthcare UCard to buy healthy food, OTC products and pay utility bills. See why more people with Medicare and Medicaid choose a Dual Special Needs plan from UnitedHealthcare than from any other company.<sup>2</sup>



## 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.<sup>3</sup> As a member, UnitedHealthcare advocates and navigators help you get the answers and care you need. Put UnitedHealthcare's more than 45 years of experience to work for you.

<sup>1</sup>Member recommendations based on Human8, May 2023.

<sup>2</sup>Most chosen based on total D-SNP plan enrollment from CMS Enrollment Data, May 2023

<sup>3</sup>Medicare 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.



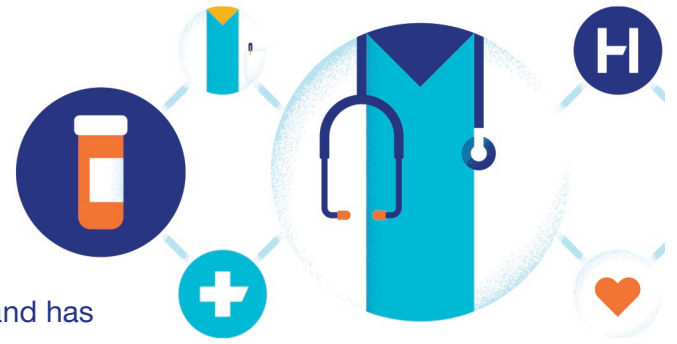
## Checking in at the gym

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 Medicaid 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. You have access to a large dental provider network. You can also get care from out-of-network dental providers, but your costs may be higher, even for services with a \$0 copay.



## Here's how this HMO-POS D-SNP plan works



**Get care from providers in the network** or visit out-of-network providers for covered dental services.



**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.



**\$0 copays for preventive services when received in-network.** See the Summary of Benefits in this book to find out what is covered and how much you could pay for covered services.



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



**This plan has a maximum annual out-of-pocket amount.** If you reach your limit, the plan will pay 100% of your Medicare-covered services for the rest of the plan year.



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



**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.

Go to [UHCCommunityPlan.com](https://UHCCommunityPlan.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 Evidence of Coverage for a list of all covered services.

Scan this code to view the drug list



# Benefit Highlights

## UHC Dual Complete OH-D001 (HMO-POS D-SNP)

This is a short description of your 2024 plan benefits. The values shown in-network represent a range based upon the amount of the Medicare Parts A and B cost sharing covered by the state. For complete information and for costs for those without Medicare Parts A and B cost sharing covered by the state, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

### Plan costs

**If you have full Medicaid 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.

<b>Monthly plan premium</b>	\$0 with “Extra Help”	\$40.90 without “Extra Help”
-----------------------------	-----------------------	------------------------------

### Medical benefits

Your plan has a deductible that applies to certain medical benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage.

	With Medicaid Cost Share Assistance	Without Medicaid Cost Share Assistance
<b>Annual Medical Deductible</b>	No deductible	\$240
<b>Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)</b>	\$0	\$8,850
<b>Doctor’s office visit</b>		
Primary care provider (PCP)	\$0 copay	20% coinsurance
Specialist	\$0 copay (no referral needed)	20% coinsurance (no referral needed)
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video	\$0 copay to talk with a network telehealth provider online through live audio and video
<b>Preventive services</b>	\$0 copay	\$0 copay

<b>Medical benefits</b>		
	<b>With Medicaid Cost Share Assistance</b>	<b>Without Medicaid Cost Share Assistance</b>
<b>Inpatient hospital care</b>	\$0 copay per stay for unlimited days	\$1,850 copay per stay for unlimited days
<b>Skilled nursing facility (SNF)</b>	\$0 copay per day: days 1-100	\$0 copay per day: for days 1-20 \$204 copay per day: days 21-100
<b>Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)</b>	\$0 copay	20% coinsurance
<b>Outpatient mental health</b>		
Group therapy	\$0 copay	20% coinsurance
Individual therapy	\$0 copay	20% coinsurance
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video	\$0 copay to talk with a network telehealth provider online through live audio and video
<b>Diabetes monitoring supplies</b>	\$0 copay for covered brands	\$0 copay for covered brands
<b>Diagnostic radiology services (such as MRIs, CT scans)</b>	\$0 copay	20% coinsurance
<b>Diagnostic tests and procedures (non-radiological)</b>	\$0 copay	20% coinsurance
<b>Lab services</b>	\$0 copay	\$0 copay
<b>Outpatient x-rays</b>	\$0 copay	20% coinsurance
<b>Ambulance</b>	\$0 copay for ground or air	20% coinsurance for ground or air
<b>Emergency care</b>	\$0 copay (worldwide)	\$100 copay (\$0 copay for emergency care outside the United States) per visit

## Medical benefits

	With Medicaid Cost Share Assistance	Without Medicaid Cost Share Assistance
<b>Urgently needed services</b>	\$0 copay (worldwide)	\$40 copay (\$0 copay for urgently needed services outside the United States) per visit

Medicaid coverage of out-of-network medical benefits may vary depending on your Medicaid eligibility category. For complete information please refer to your Evidence of Coverage.

## Benefits and services beyond Original Medicare

<b>Routine physical</b>	\$0 copay, 1 per year
<b>Routine eye exams</b>	\$0 copay, 1 per year
<b>Routine eyewear</b>	<p>\$0 copay Plan pays up to \$550 every year toward your purchase of frames (with standard lenses covered in full) or contact lenses (fitting and evaluation may be an additional cost) through UnitedHealthcare Vision.</p> <p>Home delivered eyewear available through UnitedHealthcare Vision (select products only). You are responsible for all eyewear costs from providers outside of the UnitedHealthcare Vision network.</p>
<b>Dental - preventive (covered in-network and out-of-network)</b>	\$0 copay for exams, cleanings, X-rays, and fluoride*
<b>Dental - comprehensive (covered in-network and out-of-network)</b>	\$0 copay for comprehensive dental services*
<b>Dental - benefit limit</b>	<p>\$4,000 combined limit on all covered dental services*</p> <p>If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay</p>
<b>Hearing - routine exam</b>	\$0 copay, 1 per year
<b>Hearing aids</b>	<p>Plan pays up to \$3,600 every year for 2 hearing aids through UnitedHealthcare Hearing.</p> <p>Includes hearing aids delivered directly to you with virtual follow-up care (select models).</p>

## Benefits and services beyond Original Medicare

<b>Fitness program</b>	\$0 copay for Renew Active®, which includes a free gym membership, plus online fitness classes and brain health content.
<b>Routine transportation</b>	\$0 copay for 84 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies
<b>Personal emergency response system</b>	\$0 copay for a personal emergency response system (PERS)
<b>Foot care - routine</b>	\$0 copay, 8 visits per year
<b>Routine chiropractic care</b>	\$0 copay, 12 visits per year
<b>Food, over-the-counter (OTC) and utility bill credit</b>	\$222 credit every month to pay for covered healthy food, OTC products and utility bills from network utility companies
<b>Meal benefit</b>	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.
<b>Nurse Hotline</b>	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.

\*Benefits are combined in and out-of-network

## 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.

Y0066\_MABH\_2024\_M H5253059000

CSOH24HP0131500\_001





# Summary of Benefits 2024

**UHC Dual Complete OH-D001 (HMO-POS D-SNP)**  
H5253-059-000

Look inside to learn more about the plan and the health and drug services it covers.  
Call Customer Service or go online for more information about the plan.



**Toll-free 1-844-560-4944, TTY 711**  
8 a.m.-8 p.m. local time, 7 days a week



**[UHCCommunityPlan.com](https://UHCCommunityPlan.com)**

**United  
Healthcare®**  
Dual Complete

# Summary of Benefits

**January 1, 2024 - December 31, 2024**

This is a summary of what we cover and what you pay. For a complete list of covered services, limitations and exclusions, review the Evidence of Coverage (EOC) at [myuhc.com/communityplan](https://myuhc.com/communityplan) or call Customer Service for help. After you enroll in the plan, you will get more information on how to view your plan details online.

## UHC Dual Complete OH-D001 (HMO-POS D-SNP)

### Medical premium, deductible and limits

---

**Monthly plan premium**

\$40.90

---

**Annual medical deductible**

Your medical deductible is \$240 for covered medical services you receive from providers as described in the Plan Deductible chart later in this document. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.

---

**Maximum out-of-pocket amount** (does not include prescription drugs)

\$8,850

This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers.

If you reach this amount, you will still need to pay your monthly premiums. Out-of-pocket costs paid for your Part D prescription drugs are not included in this amount.

---

**Medicare cost-sharing**

If you have full Medicaid benefits or are a Qualified Medicare Beneficiary (QMB), you will pay \$0 for your Medicare-covered services as noted by the cost-sharing in this chart.

---

## Medical benefits

### Inpatient hospital care<sup>2</sup>

\$0 copay per stay, or;  
\$1,850 copay per stay

Our plan covers an unlimited number of days for an inpatient hospital stay.

### Outpatient hospital

Cost-sharing for additional plan covered services will apply.

Ambulatory surgical center (ASC) <sup>2</sup>	\$0 copay for a colonoscopy \$0 copay or 20% coinsurance otherwise
---	---

Outpatient hospital, including surgery <sup>2</sup>	\$0 copay for a colonoscopy \$0 copay or 20% coinsurance otherwise
---	---

Outpatient hospital observation services <sup>2</sup>	\$0 copay or 20% coinsurance
---	------------------------------

### Doctor visits

Primary care provider	\$0 copay or 20% coinsurance
-----------------------	------------------------------

Specialists <sup>2</sup>	\$0 copay or 20% coinsurance
--------------------------	------------------------------

Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video
------------------------	--

### Preventive services

Routine physical	\$0 copay, 1 per year
------------------	-----------------------

Medicare-covered	\$0 copay
------------------	-----------

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Annual wellness visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screening
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings and monitoring
- Hepatitis C screening
- HIV screening
- Lung cancer with low dose computed tomography (LDCT) screening
- Medical nutrition therapy services
- Medicare Diabetes Prevention Program (MDPP)
- Obesity screenings and counseling

## Medical benefits

- Prostate cancer screenings (PSA)
- Sexually transmitted infections screenings and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19
- “Welcome to Medicare” preventive visit (one-time)

Any additional preventive services approved by Medicare during the contract year will be covered.

This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.

---

### Emergency care

\$0 copay or \$100 copay (\$0 copay for emergency care outside the United States) per visit. If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency Care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.

---

### Urgently needed services

\$0 copay or \$40 copay (\$0 copay for urgently needed services outside the United States) per visit

---

### Diagnostic tests, lab and radiology services, and X-rays

Diagnostic radiology services (e.g. MRI, CT scan) <sup>2</sup>	\$0 copay for each diagnostic mammogram \$0 copay or 20% coinsurance otherwise
--	---

---

Lab services <sup>2</sup>	\$0 copay
---------------------------	-----------

---

Diagnostic tests and procedures <sup>2</sup>	\$0 copay or 20% coinsurance
--	------------------------------

---



Therapeutic radiology <sup>2</sup>	\$0 copay or 20% coinsurance
------------------------------------	------------------------------

---


Outpatient X-rays <sup>2</sup>	\$0 copay or 20% coinsurance
--------------------------------	------------------------------

---

## Medical benefits

 <b>Hearing services</b>	Exam to diagnose and treat hearing and balance issues <sup>2</sup>	\$0 copay or 20% coinsurance
	Routine hearing exam	\$0 copay, 1 per year
	Hearing aids <sup>2</sup>	<p>\$3,600 allowance for a broad selection of OTC and brand-name prescription hearing aids</p> <ul style="list-style-type: none"> <li>• Access to one of the largest national networks of hearing professionals with more than 7,000 locations</li> <li>• Broad range of popular hearing aids including Beltone™, Oticon, Phonak, ReSound, Signia, Starkey®, Unitron™ and Widex®</li> <li>• 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period</li> </ul>
 <b>Routine dental benefits</b> <p>Covered in-network and out-of-network.</p>	Preventive and comprehensive <sup>2</sup>	<p>\$4,000 allowance for all covered dental services*</p> <p>\$0 copay for covered preventive and comprehensive services like cleanings, fillings and crowns</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No annual deductible</li> <li><input type="checkbox"/> Medicare Advantage's largest national dental network</li> <li><input type="checkbox"/> Freedom to see any dentist</li> <li><input type="checkbox"/> If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay</li> </ul>

## Medical benefits

 <b>Vision services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>2</sup>	\$0 copay
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$0 copay, 1 per year
	Routine eyewear	\$550 allowance for frames or contacts <ul style="list-style-type: none"> <li>• Access to one of Medicare Advantage’s largest national networks of vision provider and retail network</li> <li>• Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives—all with scratch-resistant coating</li> <li>• Savings when upgrading lenses including tinting, UV/anti-reflective coating and polycarbonate lenses</li> <li>• Eyewear available from many online providers, including Warby Parker, GlassesUSA and more</li> </ul>
<b>Mental health</b>	Inpatient visit <sup>2</sup>	\$0 copay per stay, or; \$1,850 copay per stay
	Our plan covers 90 days for an inpatient hospital stay	
	Outpatient group therapy visit <sup>2</sup>	\$0 copay or 20% coinsurance
	Outpatient individual therapy visit <sup>2</sup>	\$0 copay or 20% coinsurance
	Virtual mental health visits	\$0 copay to talk with a network telehealth provider online through live audio and video
	<b>Skilled nursing facility (SNF)<sup>2</sup></b> (Stay must meet Medicare coverage criteria)	\$0 copay per day: days 1-100, or; \$0 copay per day: days 1-20 \$204 copay per day: days 21-100
	Our plan covers up to 100 days in a SNF.	

## Medical benefits

### Outpatient rehabilitation services

Physical therapy and speech and language therapy visit<sup>2</sup> \$0 copay or 20% coinsurance

Occupational Therapy Visit<sup>2</sup> \$0 copay or 20% coinsurance

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

### Ambulance<sup>2</sup>

Your provider must obtain prior authorization for non-emergency transportation.

\$0 copay or 20% coinsurance for ground  
\$0 copay or 20% coinsurance for air

### Routine transportation

\$0 copay for 84 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies

### Medicare Part B prescription drugs

Cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.

Chemotherapy drugs<sup>2</sup> \$0 copay or 20% coinsurance

Part B covered insulin<sup>2</sup> \$0 copay or 20% coinsurance, up to \$35

Other Part B drugs<sup>2</sup> \$0 copay or 20% coinsurance

Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.

---

**Prescription drugs**

---

**Annual  
Prescription  
Deductible**                    \$0

---

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

---

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

---

^Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.



## Additional benefits

<b>Chiropractic care</b>	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) <sup>2</sup>	\$0 copay or 20% coinsurance
	Routine chiropractic care	\$0 copay, 12 visits per year
<b>Diabetes management</b>	Diabetes monitoring supplies <sup>2</sup>	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>
	Diabetes self-management training	\$0 copay
	Therapeutic shoes or inserts <sup>2</sup>	\$0 copay or 20% coinsurance
	<b>Durable medical equipment (DME) and related supplies</b>	DME (e.g., wheelchairs, oxygen) <sup>2</sup>
	Prosthetics (e.g., braces, artificial limbs) <sup>2</sup>	\$0 copay or 20% coinsurance

## Additional benefits



### Fitness program

\$0 copay for Renew Active®

- 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
- An annual personalized fitness plan
- Members who need help can bring a workout assistant to the gym
- Access to thousands of on-demand workout videos and live streaming fitness classes
- Social activities at local health and wellness classes, clubs and events
- Online Fitbit® Community for Renew Active — no Fitbit device needed
- Access to the AARP® Staying Sharp® App

<b>Foot care</b> (podiatry services)	Foot exams and treatment <sup>2</sup>	\$0 copay or 20% coinsurance
	Routine foot care	\$0 copay, 8 visits per year
<b>Meal benefit<sup>2</sup></b>		\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.
<b>Home health care<sup>2</sup></b>		\$0 copay
<b>Hospice</b>		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.
<b>Nurse Hotline</b>		Speak with a registered nurse (RN) 24 hours a day, 7 days a week
<b>Opioid treatment program services<sup>2</sup></b>		\$0 copay
<b>Outpatient substance abuse</b>	Outpatient group therapy visit <sup>2</sup>	\$0 copay or 20% coinsurance
	Outpatient individual therapy visit <sup>2</sup>	\$0 copay or 20% coinsurance

## Additional benefits



### Food, Over-the-Counter (OTC) and Utility Bill Credit

\$222 credit every month to pay for healthy food, OTC products and utility bills

- Buy healthy foods like fruits and vegetables, meat, seafood, dairy products and water
- Choose from thousands of OTC products, like toothpaste, first aid, bladder control pads and more
- Pay home utility bills like electricity, heat, water and internet
- Shop at thousands of participating stores, including Walmart, Walgreens, Kroger and CVS, or at neighborhood stores near you

### Personal emergency response system

\$0 copay for a personal emergency response system (PERS). Help is only a button press away. A PERS device can quickly connect you to the help you need, 24 hours a day in any situation.

### Renal Dialysis<sup>2</sup>

\$0 copay or 20% coinsurance

<sup>2</sup> May require your provider to get prior authorization from the plan for in-network benefits.

\*Benefits are combined in and out-of-network

## Plan deductible

Your plan has a deductible for certain services. The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover.

The deductible applies to the following Medicare-covered benefit categories, unless otherwise specified.

### Annual medical deductible

Your deductible is \$240 per year for covered medical services you receive from providers as described below. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.

#### Here's how it works:

1. You pay your plan's deductible in full; then,
2. You pay your copay or coinsurance; finally,
3. Your plan pays the rest.

The deductible applies in-network to the following Medicare-covered benefit categories, unless otherwise specified:

#### In-network

List of applicable services

#### Outpatient hospital

- Ambulatory surgical center (ASC), excluding diagnostic colonoscopy
- Outpatient hospital, including surgery, excluding diagnostic colonoscopy
- Outpatient hospital observation services

#### Doctor visits

- Primary
- Specialists

#### Diagnostic tests, lab and radiology services, and X-rays

- Diagnostic radiology services (e.g. MRI), excluding diagnostic mammogram
- Lab services
- Diagnostic tests and procedures
- Therapeutic radiology
- Outpatient X-rays

#### Hearing services

- Exam to diagnose and treat hearing and balance issues

#### Vision services

- Exam to diagnose and treat diseases and conditions of the eye
- Eyewear after cataract surgery

#### Mental health

- Outpatient group therapy visit
- Outpatient individual therapy visit

---

**Physical therapy and speech and language therapy visit**

---

**Ambulance**

---

**Medicare Part B drugs**

- Chemotherapy drugs
  - Other Part B drugs
- 

**Chiropractic care**

- Manual manipulation of the spine to correct subluxation
- 

**Diabetes management**

- Diabetes monitoring supplies
  - Therapeutic shoes or inserts
- 

**Durable medical equipment (DME) and related supplies**

- Durable medical equipment (e.g. wheelchairs, oxygen)
  - Prosthetics (e.g., braces, artificial limbs)
- 

**Foot care (podiatry services)**

- Foot exams and treatment
- 

**Occupational therapy visit**

---

**Opioid treatment program services**

---

**Outpatient substance abuse**

- Outpatient group therapy visit
  - Outpatient individual therapy visit
- 

**Renal dialysis**

---

## Medicaid Benefits

Information for people with Medicare and Medicaid. Your services are paid first by Medicare and then by Medicaid.

The benefits described below are covered by Medicaid. You can see what Ohio Department of Medicaid covers and what our plan covers.

**Coverage of the benefits depends on your level of Medicaid eligibility.** If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share. In some situations, Medicaid may pay your Medicare cost sharing amount. See your Medicaid Member Handbook for more details. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Ohio Department of Medicaid, 1-800-324-8680, TTY 711.

Benefits		
	Medicaid	UHC Dual Complete OH-D001 (HMO-POS D-SNP)
<b>Inpatient Hospital Care</b>	Covered	Covered
<b>Doctor Office Visits</b>	Covered	Covered
<b>Preventive Care</b>	Covered	Covered
<b>Emergency Care</b>	Covered	Covered
<b>Urgently Needed Services</b>	Covered	Covered
<b>Diagnostic Tests Lab and Radiology Services and X-Rays</b>	Covered	Covered
<b>Hearing Services</b>	Covered	Covered
<b>Dental Services</b>	Covered	Covered
<b>Vision Services</b>	Covered	Covered
<b>Inpatient Mental Health Care</b>	Covered	Covered
<b>Mental Health Care</b>	Covered	Covered
<b>Skilled Nursing Facility (SNF)</b>	Covered	Covered
<b>Ambulance</b>	Covered	Covered
<b>Transportation (Routine)</b>	Covered	Covered
<b>Prescription Drug Benefits</b>	Covered	Covered
<b>Chiropractic Care</b>	Covered	Covered
<b>Diabetes Supplies and Services</b>	Covered	Covered
<b>Durable Medical Equipment</b>	Covered	Covered
<b>Foot Care</b>	Covered	Covered
<b>Home Health Care</b>	Covered	Covered

<b>Benefits</b>		
	<b>Medicaid</b>	<b>UHC Dual Complete OH-D001 (HMO-POS D-SNP)</b>
<b>Hospice</b>	Covered	Covered
<b>Outpatient Hospital Services</b>	Covered	Covered
<b>Renal Dialysis</b>	Covered	Covered
<b>Prosthetic Devices</b>	Covered	Covered
<b>Additional Dental Services</b>	Covered	Covered
<b>Additional Foot Care</b>	Not covered	Covered
<b>Family Planning</b>	Covered	Covered with limitations
<b>Additional Vision Services</b>	Covered	Covered
<b>Home and Community! Based Services (HCBS)</b>	Covered	Not covered
<b>Over the Counter Items</b>	Covered	Covered
<b>Physical Exam for Job Placement</b>	Covered	Not covered
<b>Prenatal and Postpartum Care</b>	Covered	Not covered
<b>Healthchek</b>	Covered	Not covered
<b>Alcohol and Drug Addiction</b>	Covered	Covered
<b>Acupuncture</b>	Covered	Covered with limitations

## About this plan

UHC Dual Complete OH-D001 (HMO-POS D-SNP) is a Medicare Advantage HMOPOS plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed below, and be a United States citizen or lawfully present in the United States.

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and Medicaid. How much Medicaid covers depends on your income, resources, and other factors. Some people get full Medicaid benefits. Some only get help to pay for certain Medicare costs, which may include premiums, deductibles, coinsurance, or copays.

You can enroll in this plan if you are in one of these Medicaid categories:

- **Qualified Medicare Beneficiary Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayment amounts for Medicare covered services. You pay nothing, except for Part D prescription drug copays (if applicable).
- **Qualified Medicare Beneficiary (QMB):** You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayment amounts only for Medicare covered services. You pay nothing, except for Part D prescription drug copays (if applicable).
- **Qualified Disabled and Working Individual (QDWI):** Medicaid pays your Part A premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. There may be some services that do not have a member cost share amount.
- **Qualifying Individual (QI):** Medicaid pays your part B premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. You pay the cost share amounts listed in the chart below. There may be some services that do not have a member cost share amount.
- **Specified Low-Income Medicare Beneficiary (SLMB+):** Medicaid pays your Part B premium and provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from your state Medicaid agency in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.
- **Specified Low-Income Medicare Beneficiary (SLMB):** Medicaid pays your Part B premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. There may be some services that do not have a member cost share amount.
- **Full Benefits Dual Eligible (FBDE):** Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the State Medicaid Office in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

If your category of Medicaid eligibility changes, your cost share may also increase or decrease. You must recertify your Medicaid enrollment to continue to receive your Medicare coverage.



Our service area includes these counties in:

**Ohio:** Butler, Clark, Cuyahoga, Franklin, Greene, Hamilton, Madison, Mahoning, Montgomery, Stark, Summit, Trumbull, Warren.

## **Use network providers and pharmacies**

UHC Dual Complete OH-D001 (HMO-POS D-SNP) has a network of doctors, hospitals, pharmacies and other providers. For routine dental services, you can use providers that are not in our network. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

You can go to **[UHCCommunityPlan.com](https://www.uhccommunityplan.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.

## Required Information

UHC Dual Complete OH-D001 (HMO-POS 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.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy 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.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-866-944-3488 for additional information (TTY users should call 711). Hours are 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunice con nosotros. Por ejemplo, documentos en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-866-944-3488, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.

Benefits, features, and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.

### Hearing aids

Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Provider network size may vary by local market. OTC hearing aid warranties, if available, will vary by device and are handled through the manufacturer. One-time professional fee may apply for prescription hearing aids.

### Routine dental benefits

If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Provider network may vary in local market. Dental network size based on Zelis Network360, May 2023.

### Routine eyewear

Additional charges may apply for out-of-network items and services. Provider and retail network may vary in local market. Vision network size based on Zelis Network360, March 2023. Annual routine eye exam and \$100-400 allowance for contacts or designer frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either annually or every two years. Savings based on comparison to retail. Other vision providers are available in our network.

### Fitness program

The Renew Active® Program varies by plan/area and may not be available on all plans. 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 and other offerings. 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 and plan. Gym network size is based on comparison of competitor's website data as of May 2023.

AARP® Staying Sharp® is the registered trademark of AARP. Staying Sharp, including all content and features, is offered for informational purposes and to educate users on brain health care and medical issues that may affect their daily lives. Staying Sharp is based on a holistic, lifestyle approach to brain health that encourages users to incorporate into their daily lives activities that are associated with general wellness. Nothing in the service should be considered, or

used as a substitute for, medical advice, diagnosis, or treatment. Features including the Cognitive Assessment and Lifestyle Check-Ins, Additional Tests, exercises, and challenges assess performance at a particular moment in time on certain discrete cognitive tasks. Staying Sharp games are intended for entertainment and recreational purposes only. Various factors may affect performance, including sleep, tiredness, focus, and other social, environmental, or emotional factors. Performance is not indicative of cognitive health and not predictive of future performance or medical conditions.

**Food, Over-the-Counter (OTC) and Utility Bill Credit**

Food, OTC and utility benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 100 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.

The Nurse Hotline service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

**Rewards Program**

Reward offerings may vary by plan and are not available in all plans. Reward program terms of service apply.

## Civil Rights Notice

**The company complies with applicable federal civil rights laws and does not treat members differently because of sex, age, race, color, disability, or national origin.**

If you think you were treated unfairly because of your sex, age, race, color, disability, or national origin, you can send a complaint to our Civil Rights Coordinator.

- **Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)
- **Mail:** Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on the front of the booklet or your membership identification card (TTY **711**).

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

- **Online:** <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>
- **Phone:** Toll-free **1-800-368-1019, 800-537-7697** (TDD)
- **Mail:** U.S. Department of Health and Human Services  
200 Independence Ave SW  
HHH Building, Room 509F  
Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on the front of the booklet or your membership identification card (TTY **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.

## Multi-language Interpreter Services

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

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

**Chinese Mandarin:** 我们提供免费口译服务，解答您对我们的健康或药物计划的任何疑问。如需寻找一名口译员，请使用宣传册前面列出的免费电话号码联系我们。一名与您讲相同语言的人可以为您提供帮助。这是一项免费服务。

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

**Tagalog:** Mayroon kaming libreng serbisyo ng interpreter para sagutin anumang tanong na maaaring mayroon ka tungkol sa kalusugan o plano ng gamot. Para makakuha ng interpreter, pakitawagan kami gamit ang libreng numerong nakalista sa harapan ng booklet. Sinumang nagsasalita ng wika mo ay puwedeng makatulong sa iyo. Ang serbisyonang ito ay libre.

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

**Vietnamese:** Chúng tôi có dịch vụ thông dịch viên miễn phí để trả lời các câu hỏi mà bạn có về chương trình sức khỏe hay thuốc của chúng tôi. Để gặp thông dịch viên, vui lòng gọi cho chúng tôi theo số điện thoại được liệt kê ở mặt trước của quyển sách nhỏ (booklet). Người nói cùng ngôn ngữ với bạn có thể giúp bạn. Đây là dịch vụ miễn phí.

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

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

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

**Arabic:** لدينا خدمات ترجمة فورية للرد على أي أسئلة قد تكون لديك حول الخطة الصحية أو خطة الأدوية الخاصة بنا . للحصول على مترجم، من فضلك اتصل بنا باستخدام رقم الهاتف المجاني الموجود على الجزء الأمامي من الكتيب . سيساعدك شخص ما يتحدث لغتك . هذه خدمة مجانية .

**Hindi:** हमारे स्वास्थ्य या दवा प्लान के बारे में आपके किसी भी परश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं मौजूद हैं। दुभाषिया पाने के लिए, कृपया इस बुकलेट के सामने वाले भाग में सूचीबद्ध टोल- फ्री नंबर का उपयोग करके हमें कॉल करें। आपकी भाषा बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

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

**Portuguese:** Dispomos de serviços de intérprete gratuitos para esclarecer quaisquer dúvidas que tenha sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número gratuito indicado na parte da frente da brochura. Alguém que fala a sua língua pode ajudá-lo(a). Este é um serviço gratuito.

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

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

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

# Important information: 2024 Medicare star ratings



## UnitedHealthcare - H5253

For 2024, UnitedHealthcare - H5253 received the following Star Ratings from Medicare:

Overall Star Rating: ★ ★ ★ ★ ½ 4.5 stars

Health Services Rating: ★ ★ ★ ★ ½ 4.5 stars

Drug Services Rating: ★ ★ ★ ★ 4 stars

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 Sunday through Friday from 8:00 a.m. to 8:00 p.m. Local time. Current members please call **866-944-3488** (toll-free) or **711** (TTY).

# Alternative Covered Drugs

Your plan's 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
<b>Amitiza</b>	<b>Linzess</b> Lubiprostone <b>Movantik</b> <b>Motegrity</b> <b>Trulance</b>
<b>Basaglar</b>	<b>Lantus</b> <b>Levemir</b> <b>Toujeo</b> <b>Tresiba</b>
<b>Bystolic</b>	Atenolol Tablet Bisoprolol Fumarate Metoprolol Tablet Carvedilol Tablet
<b>Cialis &amp; Tadalafil 2.5mg and 5mg (BPH Only)</b>	Alfuzosin Extended Release Doxazosin Tamsulosin
<b>Cyclosporine Ophthalmic</b>	<b>Restasis</b> <b>Tyvaya</b>
Icosapent Cap	<b>Vascepa</b>
<b>Latuda</b>	Lurasidone
Metformin HCL Extended Release (Osmotic)	Metformin Extended Release (Generic <b>Glucophage XR</b> )
<b>Novolin</b>	<b>Humulin</b>
<b>Novolog</b>	<b>Humalog</b> <b>Insulin Lispro</b> <b>Lyumjev</b>
<b>Nucynta ER</b>	<b>Xtampza XR</b> Morphine Sulfate ER 15mg, 30mg, 60mg, 100mg Tablets
<b>OxyContin</b>	<b>Xtampza XR</b> Morphine Sulfate ER 15mg, 30mg, 60mg, 100mg Tablets



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

**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.

Y0066\_230712\_034645\_M

UHEX24HM0152870\_000

# 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 Evidence of Coverage at [UHCCommunityPlan.com](https://www.uhc.com/CommunityPlan).



**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. You also have access to a large dental provider network. You can get care from out-of-network dental providers but your costs may be higher, even for services with a \$0 copay.



**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 see how much you'll pay for medical services and prescription drugs?**

If you want more information, the Evidence of Coverage 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



Receive state Medicaid 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](https://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
- You have access to an annual in-home UnitedHealthcare® HouseCalls visit and personalized care coordination from a Care Navigator as part of your health plan
- Get a 3-month supply of your prescriptions using a home delivery pharmacy service

## Benefits and costs 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
- ✓ Make sure you have chosen the plan type that works best for you
- ✓ Make sure your permanent address is correct
- ✓ Sign and date where indicated
- ✓ Verify your date of birth
- ✓ Verify your providers accept the plan you are choosing
- ✓ Provide the name of your primary care provider (PCP)

This page left intentionally blank.

# 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
-----------------------	-----------------------------

**To be completed by licensed sales representative** (please print clearly and legibly)

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

Beneficiary address

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

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.





## 2024 Enrollment Request Form

UHC Dual Complete OH-D001 (HMO-POS D-SNP) H5253-059-000 - BFY

### Information about you (Please type or print in black or blue ink)

Last name	First name	Middle initial
Birth date		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Home phone number (     )     -		Mobile phone number (     )     -
Social Security number (Required for people who are enrolling in D-SNP plans):     ■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■ ■		
Medicare number		

Permanent residence street address (**P.O. box is not allowed**)

City	County	State	ZIP code
------	--------	-------	----------

Mailing address (**Only if it's different from above. You can give a P.O. box.**)

City	State	ZIP code
------	-------	----------

Email address (optional)

**Do you have other insurance that will cover your prescription drugs?**      Yes    No

(Examples: Other private insurance, TRICARE, federal employee coverage, VA benefits or state programs.)

If yes, what is it?

Name of other insurance

Member number	Group number	RxBin	RxPCN (optional)
---------------	--------------	-------	------------------

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Enrollee name \_\_\_\_\_

Agent name/ID number \_\_\_\_\_

Y0066\_ERFMA\_2024\_C

CSOH24HP0134262\_000

### How do you want to pay?

If you have a monthly plan premium (including any late enrollment penalty you may owe) you can pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. You can also pay from a bank account through Electronic Funds Transfer (EFT).

If you don't choose an option below, we'll send a bill each month to your mailing address.

If you must pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), Social Security (SS) will send you a letter and ask you how you want to pay it:

- You can pay it from your SS check
- Medicare can bill you
- The Railroad Retirement Board (RRB) can bill you
- I want to pay from my Social Security check
- I want to pay from my Railroad Retirement Board (RRB) check
- I want to pay directly from a bank account

Account type  Checking  Savings

Account holder name: \_\_\_\_\_

Bank routing number \_/\_/\_/\_/\_/\_/\_/\_/\_/\_

Bank account number \_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_

### A few questions to help us manage your plan

**1. Would you prefer plan information in another language or an accessible format?**  Yes  No

Please check what you'd like:  Spanish  Braille  Other \_\_\_\_\_

If you don't see the language or format you want, please call us toll-free at **1-844-560-4944**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week. Or visit **UHCCCommunityPlan.com** for online help.

**2. Are you enrolled in your state Medicaid program?**  Yes  No

If yes, please give us your Medicaid number: \_\_\_\_\_

Enrollee name \_\_\_\_\_

Agent name/ID number \_\_\_\_\_

Y0066\_ERFMA\_2024\_C

CSOH24HP0134262\_000

**3. Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.**

- No, not of Hispanic, Latino/a, or Spanish origin
- Yes, Mexican, Mexican American, or Chicano/a
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin
- I choose not to answer

**4. What's your race? Select all that apply.**

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Samoan
- Guamanian or Chamorro
- Other Pacific Islander
- I choose not to answer
- Member/Citizen of a federal or state recognized Tribe (name of Tribe) \_\_\_\_\_

**5. Do you or your spouse work?**

Yes  No

Do you or your spouse have other health insurance that will cover medical services?

(Examples: Other employer group coverage, LTD coverage, Workers' Compensation, auto liability, or Veterans benefits)

Yes  No

If yes, please complete the following:

\_\_\_\_\_  
Name of health insurance company

\_\_\_\_\_  
Member number

**6. Please give us the name of your primary care provider (PCP), clinic or health center.**

You can find a list on the plan website or in the Provider Directory.

\_\_\_\_\_  
Provider or PCP full name

\_\_\_\_\_  
Provider/PCP number:

(Please enter the number exactly as it appears on the website or in the Provider Directory. It will be 10 to 12 digits. Don't include dashes.)

Are you now seeing or have you recently seen this provider?  Yes  No

**Providing your email address above automatically enrolls you in paperless delivery for some of your plan communications.**

Enrollee name \_\_\_\_\_

Agent name/ID number \_\_\_\_\_

You will get many of your required plan communications delivered electronically. We will send you an email when new communications (For example: Explanation of Benefits or the Annual Notice of Changes) are available online. You can access these communications through any device such as a computer, tablet, or mobile phone.

**If you would rather have hard copies of required materials mailed to you, please check here:**

- Instead of paperless delivery, we will mail you hard copies of required materials. Please note that some communications are very large and may not fit in all mailboxes. You can change your preference for delivery at any time.

### Please read and sign

**By completing this form, I agree to the following:**

- I must keep both Hospital (Part A) and Medical (Part B) to stay in UnitedHealthcare. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border. This plan covers emergency and urgent care outside of the U.S. See the Summary of Benefits for more information.
- I understand that when my UnitedHealthcare coverage begins, I must get all of my medical and prescription drug benefits from UnitedHealthcare. Benefits and services authorized by UnitedHealthcare and contained in my UnitedHealthcare “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor UnitedHealthcare will pay for benefits or services that are not covered.
- I understand that I can be enrolled in only one Medicare Advantage (MA) plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA Private-Fee-For-Service (PFFS), MA Medicare Medical Savings Account (MSA) plans).
- Release of information:** By joining this Medicare Advantage Plan, 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 the collection of this information (see Privacy Act Statement below).
- I give UnitedHealthcare permission to share my protected health information with organizations or person(s) for permissible purposes under applicable law as required to administer my health plan.
- I give consent for all entities under UnitedHealthcare and its affiliates and any outside vendor used by UnitedHealthcare to call the phone number(s) I have provided using an autodialer and/or prerecorded voice.
- The information on this form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form I will be disenrolled from the plan.
- My response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

Enrollee name \_\_\_\_\_

Agent name/ID number \_\_\_\_\_

Y0066\_ERFMA\_2024\_C

CSOH24HP0134262\_000

**When I sign below, it means that I have read and understand the information on this form**

If I sign as an authorized representative, it means I have the legal right under state law to sign. I can show written proof (power of attorney, guardianship, etc.) of this right if Medicare asks for it. I understand that I will need to submit written proof of this right, to the plan, if I wish to take action on behalf of the member beyond this application. After this application has been approved and I have received my UnitedHealthcare UCard®, I can call Customer Service at the number on my UnitedHealthcare UCard to update my authorization information on file.

**Signature of applicant/member/authorized representative    Today's date**

**If you are the authorized representative, please sign above and complete the information below**

**\* Not a Sales Agent**

Last name		First name	
Address			
City		State	ZIP code
Phone number (       )       -		Relationship to applicant	

Enrollee name \_\_\_\_\_

Agent name/ID number \_\_\_\_\_

**For Licensed Sales Representative/agency use only**

Licensed Sales Representative/writing ID	Initial receipt date
Licensed Sales Representative/agent name	Proposed effective date
Employer group name	
Employer group ID <input type="text"/>	Branch ID <input type="text"/>

**Agent must complete**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> IEP (MA-PD enrollees) | <input type="checkbox"/> ICEP (MA enrollees)             | <input type="checkbox"/> IEP (MA-PD enrollees eligible for 2nd IEP) | <input type="checkbox"/> OEP (Jan 1 – Mar 31)        |
| <input type="checkbox"/> OEP (Newly eligible)  | <input type="checkbox"/> SEP (Dual LIS change of status) | <input type="checkbox"/> SEP (Change in residence)                  | <input type="checkbox"/> SEP (Loss of EGHP coverage) |
| <input type="checkbox"/> SEP (Chronic)         | <input type="checkbox"/> SEP (Dual LIS maintaining)      | <input type="checkbox"/> AEP (October 15-December 7)                | <input type="checkbox"/> OEPI                        |
- SEP (SEP reason) \_\_\_\_\_

<b>Licensed Sales Representative signature (optional)</b>	<b>Date</b>
---	-------------

**Please mail or fax this completed form to:**

UnitedHealthcare  
P.O. Box 30770  
Salt Lake City, UT 84130-0770

Fax: 1-888-950-1170

Fax the front and back of each page

Enrollee name \_\_\_\_\_  
Agent name/ID number \_\_\_\_\_  
Y0066\_ERFMA\_2024\_C CSOH24HP0134262\_000

**PRIVACY ACT STATEMENT:** The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 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.

UHC Dual Complete OH-D001 (HMO-POS 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.

This information is available for free in other languages. Please call our customer service number located on the back cover of this book.

Esta información está disponible sin costo en otros idiomas. Comuníquese con nuestro número de Servicio al Cliente situado en la contraportada de este libro.

OMB No. 0938-1378

Expires: 7/31/2024

Y0066\_ERFMA\_2024\_C

CSOH24HP0134262\_000

## 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 back cover of this book.

### Understanding the benefits

- ✓ The Evidence of Coverage (EOC) 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 view a copy of the EOC. Our phone number and website are listed on the back cover of this book.
- ✓ Review the Provider 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 Pharmacy Directory to make sure the pharmacy you use for any prescription medicines 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 to make sure your drugs are covered.

### Understanding important rules

- ✓ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medicaid or another third party. This premium is normally taken out of your Social Security check each month.
- ✓ Benefits may change on January 1 of each year.
- ✓ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care.
- ✓ Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ✓ 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.



# 2024 Enrollment receipt

## To be completed if enrolling with a Licensed Sales Representative.

Please use this as your temporary proof of coverage until Medicare 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: 9999**

**RxGRP: MPDCSP**

**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 OH-D001 (HMO-POS D-SNP)

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



Call **1-866-944-3488**, TTY **711**, 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept or visit [myuhc.com/communityplan](https://myuhc.com/communityplan) for:

- Routine vision services
- Routine dental benefits
- Fitness program: Renew Active®



### Hearing aids

UnitedHealthcare Hearing  
1-877-704-3384  
[UHChearing.com/Medicare](https://UHChearing.com/Medicare)



### Routine chiropractic services

OptumHealth Care Solutions, LLC  
(Optum®)  
1-866-785-1654  
[myoptumhealthphysicalhealth.com](https://myoptumhealthphysicalhealth.com)



### Prescription drug home delivery

Optum Home Delivery, a service of  
OptumRx  
1-877-889-6358  
[OptumRx.com](https://OptumRx.com)



### Transportation

ModivCare®  
1-866-418-9812  
[mymodivcare.com](https://mymodivcare.com)



### Food, Over-the-Counter (OTC) and Utility Bill Credit

Solutran  
1-833-853-8587  
[myuhc.com/communityplan](https://myuhc.com/communityplan)



### Personal emergency response system

Lifeline  
1-855-596-7612  
[lifeline.com/UHCMedicare](https://lifeline.com/UHCMedicare)



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



**UHCCommunityPlan.com**



Download the UnitedHealthcare app

Important plan information

Y0066\_EGCov\_2024\_C

Scan this code  
to download the  
UnitedHealthcare  
app



CSOH24HP0140433\_001