



Summary of Benefits 2024

UHC Dual Complete AZ-S001 (HMO-POS D-SNP)
H0321-002-000

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

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 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 AZ-S001 (HMO-POS D-SNP)

Medical premium, deductible and limits

Monthly plan premium	\$43.20
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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.
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Maximum out-of-pocket amount (does not include prescription drugs or any Medicaid cost-shares)	\$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 or any applicable Medicaid cost-shares are not included in this amount.
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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 unless a separate Medicaid cost-share applies, as noted by the cost-sharing in this chart.
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Medical benefits

Inpatient hospital care² \$0 copay per stay, or;
\$1,625 copay per stay

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

Outpatient hospital Ambulatory surgical center (ASC)² \$0 copay for a colonoscopy
\$0 copay or 20% coinsurance otherwise

Cost-sharing for additional plan covered services will apply.

Outpatient hospital, including surgery² \$0 copay for a colonoscopy
\$0 copay or 20% coinsurance otherwise

Outpatient hospital observation services² \$0 copay or 20% coinsurance

Doctor visits Primary care provider \$0 copay or 20% coinsurance

Specialists² \$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) ²	\$0 copay for each diagnostic mammogram \$0 copay or 20% coinsurance otherwise
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Lab services ²	\$0 copay
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Diagnostic tests and procedures ²	\$0 copay or 20% coinsurance
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Therapeutic radiology ²	\$0 copay or 20% coinsurance
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Outpatient X-rays ²	\$0 copay or 20% coinsurance
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Medical benefits



Hearing services

Exam to diagnose and treat hearing and balance issues²

\$0 copay or 20% coinsurance

Routine hearing exam

\$0 copay, 1 per year

Hearing aids²

\$3,600 allowance for a broad selection of OTC and brand-name prescription hearing aids

- Access to one of the largest national networks of hearing professionals with more than 7,000 locations
- Broad range of popular hearing aids including Beltone™, Oticon, Phonak, ReSound, Signia, Starkey®, Unitron™ and Widex®
- 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period



Routine dental benefits

Covered in-network and out-of-network.

Preventive and comprehensive²

\$4,500 allowance for all covered dental services*

\$0 copay for covered preventive and comprehensive services like cleanings, fillings and crowns

- No annual deductible
- Access to a large dental provider network
- Freedom to see any dentist
- If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay



Vision services

Exam to diagnose and treat diseases and conditions of the eye²

\$0 copay

Eyewear after cataract surgery

\$0 copay

Routine eye exam

\$0 copay, 1 per year

Routine eyewear

\$0 copay; up to \$300 every year for standard lenses/frames and contacts

Medical benefits

Mental health	Inpatient visit ²	\$0 copay per stay, or; \$1,625 copay per stay
	Our plan covers 90 days for an inpatient hospital stay	
	Outpatient group therapy visit ²	\$0 copay or 20% coinsurance
	Outpatient individual therapy visit ²	\$0 copay or 20% coinsurance
	Virtual mental health visits	\$0 copay to talk with a network telehealth provider online through live audio and video
Skilled nursing facility (SNF)² (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.		
Outpatient rehabilitation services Depending on your Medicaid eligibility, Medicaid may have a separate \$3 copay for physical therapy and speech and language therapy.	Physical therapy and speech and language therapy visit ²	\$0 copay or 20% coinsurance
	Occupational Therapy Visit ²	\$0 copay or 20% coinsurance
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video
Ambulance²		\$0 copay or 20% coinsurance for ground \$0 copay or 20% coinsurance for air
Your provider must obtain prior authorization for non-emergency transportation.		
Routine transportation		\$0 copay; 36 one-way trips per year to or from approved locations; limited to covered routine dental, vision, podiatry or hearing services not covered by Original Medicare.

Medical benefits

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 drugs²

\$0 copay or 20% coinsurance

Part B covered insulin²

\$0 copay or 20% coinsurance, up to \$35

Other Part B drugs²

\$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

Acupuncture	Routine acupuncture	\$0 copay, 12 visits per year
Chiropractic care	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ²	\$0 copay or 20% coinsurance
	Routine chiropractic care	\$0 copay, 12 visits per year
Diabetes management	Diabetes monitoring supplies ²	<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 ²	\$0 copay or 20% coinsurance
	Durable medical equipment (DME) and related supplies	DME (e.g., wheelchairs, oxygen) ²
Prosthetics (e.g., braces, artificial limbs) ²		\$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

Foot care
(podiatry services)

Foot exams and treatment²

\$0 copay or 20% coinsurance

Routine foot care

\$0 copay, 4 visits per year

Meal benefit²

\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.

Home health care²

\$0 copay

Hospice

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.

Nurse Hotline

Speak with a registered nurse (RN) 24 hours a day, 7 days a week

Opioid treatment program services²

\$0 copay

Outpatient substance abuse

Outpatient group therapy visit²

\$0 copay or 20% coinsurance

Outpatient individual therapy visit²

\$0 copay or 20% coinsurance

Additional benefits



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

\$157 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 Dialysis²

\$0 copay or 20% coinsurance

Home support services

\$225 credit per quarter to spend on home and bath safety devices and extra support at home like companionship, pest control, home repair and errands

² 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
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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 Arizona Health Care Cost Containment System (AHCCCS) 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 Arizona Department of Economic Security / Division of Developmental Disabilities (DDD), 1-844-770-9500.

Benefits	Arizona Health Care Cost Containment System (AHCCCS)		UHC Dual Complete AZ-S001 (HMO-POS D-SNP)
	QMB+ You Pay	SLMB+ or FBDE You pay:	
			See the benefits charts to find out how much you'll need to pay earlier in this booklet.
Inpatient Hospital Care	Covered	Covered	Covered
Doctor Office Visits	Covered	Covered	Covered
Preventive Care	Covered	Covered	Covered
Emergency Care	Covered	Covered	Covered
Diagnostic Tests Lab and Radiology Services and X-Rays	Covered	Covered	Covered
Hearing Services	Not Covered Age 21 or Over Covered Under Age 21	Not Covered Age 21 or Over Covered Under Age 21	Covered
Dental Services	Covered (Limited) Age 21 or Over Covered Under Age 21	Covered (Limited) Age 21 or Over Covered Under Age 21	Covered
Vision Services	Not Covered Age 21 or Over Covered Under Age 21	Not Covered Age 21 or Over Covered Under Age 21	Covered

Benefits			
	Arizona Health Care Cost Containment System (AHCCCS)		UHC Dual Complete AZ-S001 (HMO-POS D-SNP)
	QMB+ You Pay	SLMB+ or FBDE You pay:	See the benefits charts to find out how much you'll need to pay earlier in this booklet.
Inpatient Mental Health Care	Covered	Covered	Covered
Mental Health Care	Covered	Covered	Covered
Skilled Nursing Facility (SNF)	Covered	Covered	Covered
Ambulance	Covered	Covered	Covered
Transportation (Routine)	Covered	Covered	Covered
Prescription Drug Benefits	Covered	Covered	Covered
Chiropractic Care	Covered	Not Covered Age 21 or Over Covered Under Age 21	Covered
Diabetes Supplies and Services	Covered	Covered	Covered
Durable Medical Equipment	Covered	Covered	Covered
Foot Care	Covered	Covered	Covered
Home Health Care	Covered	Covered	Covered
Hospice	Covered	Covered	Covered
Outpatient Hospital Services	Covered	Covered	Covered
Renal Dialysis	Covered	Covered	Covered
Prosthetic Devices	Covered	Covered	Covered

About this plan

UHC Dual Complete AZ-S001 (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.

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).
- **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.
- **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 **Arizona**:

- For those receiving AHCCCS Complete Care (ACC) benefits – Gila, Maricopa, Pima, Pinal
- For those receiving ALTCS-DD benefits - Apache, Cochise, Coconino, Gila, Graham, Greenlee, La Paz, Maricopa, Mohave, Navajo, Pima, Pinal, Santa Cruz, Yavapai, Yuma

Use network providers and pharmacies

UHC Dual Complete AZ-S001 (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** 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 AZ-S001 (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 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 1-877-614-0623 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 comunique 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 1-877-614-0623, 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 size may vary by local market.

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.