




Annual Notice of Changes 2025

UHC Senior Care Options MA-Y001 (HMO D-SNP)
UHC Senior Care Options NHC MA-Y002 (HMO D-SNP)

 MyUHC.com/CommunityPlan

 Toll-free **1-888-867-5511**, TTY **711**
8 a.m.-8 p.m.: 7 days a week

Do we have the right address for you?

If not, please let us know so we can keep you informed about your plan.

United
Healthcare®
Community Plan

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UHCSCO_ANOC_H2226_001_000_H2226_003_000_2025_M



Here for you every step of the way

With more than 45 years of experience, we understand Medicare coverage is personal and changes to your coverage can affect your life. As America's most chosen Medicare Advantage brand, we're committed to delivering a 2025 plan that fits your needs, especially as some regulations change across the Medicare industry.

This Annual Notice of Changes will tell you what you need to know about your plan benefits, including what's new for 2025 and what's staying the same.

The Annual Enrollment Period (AEP) is October 15–December 7.

It's an opportunity to reflect on your health plan needs. And if your needs have changed, you can explore other plan options. With plans designed for all budgets, stages and ages, UnitedHealthcare has coverage you can count on for your whole life ahead.

A few important reminders:

1. You'll be automatically enrolled in this 2025 plan unless you take action during AEP
2. Your 2025 benefits will be effective January 1, whether you stay in your current plan or switch
3. Your current plan benefits end December 31, take advantage before it's too late



Visit uhc.care/next-year or scan the QR code to:

- Learn about Medicare industry changes
- View your 2025 Annual Notice of Changes online
- Review current year benefit usage



Expert guidance to support you

Questions? Contact your local licensed sales agent or call Customer Service at **1-888-867-5511**, TTY **711**, 8 a.m.-8 p.m.: 7 days a week

Benefits, features and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply. The discounts described are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare grievance process. Reward offerings may vary by plan and are not available in all plans. Reward program Terms of Service apply. Medicare Plan Expert is a licensed insurance sales agent/producer. Requests to disenroll or change plans remain subject to applicable Medicare regulations and Federal and state laws/regulations. © 2024 United HealthCare Services, Inc. All Rights Reserved.

**United
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Find updates to your plan for next year

This notice provides information about updates to your plan, but it doesn't include all of the details. Throughout this notice you will be directed to **MyUHC.com/CommunityPlan** to review the details online. All of the below documents will be available online by **October 15, 2024**.

Provider Directory

Review the 2025 Provider Directory online to make sure your providers (primary care provider, specialists, hospitals, etc.) will be in the network next year.

Pharmacy Directory

Review the 2025 Pharmacy Directory online to see which pharmacies are in our network next year.

Drug List (Formulary)

Review the 2025 Drug List for new restrictions and to make sure the drugs you take will be covered next year. The Drug List is a full list of drugs covered by your plan.

Evidence of Coverage (EOC)

Review your 2025 EOC for details about what your plan covers and other details. The EOC is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. It also has information about the quality program, how medical coverage decisions are made and your Rights and Responsibilities as a member.

Would you rather get paper copies?

If you want a paper copy of what is listed above, please contact our Customer Service at 1-888-867-5511 (TTY users should call 711). Hours are 8 a.m.-8 p.m.: 7 days a week.

UHC Senior Care Options (HMO D-SNP) offered by UnitedHealthcare

Annual Notice of Changes for 2025



You are currently enrolled as a member of UHC Senior Care Options (HMO D-SNP).

Next year, there will be changes to the plan's benefits. This document tells about the changes to your plan. To get more information, please review the Evidence of Coverage, which is located on our website at UHC.com/CommunityPlan. You may also call Customer Service to ask us to mail you an Evidence of Coverage.

What to do now

1. **Ask:** Which changes apply to you

- Check the changes to our benefits to see if they affect you.
 - Review the changes to medical care (doctor, hospital).
 - Review the changes to our drug coverage, including coverage restrictions.
- Check the changes in the 2025 Drug List to make sure the drugs you currently take are still covered.
- Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies, will be in our network next year.
- Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for "Extra Help" from Medicare.
- Think about whether you are happy with our plan.

2. Compare: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your Medicare & You 2025 handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. Choose: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2024, you will stay in UHC Senior Care Options (HMO D-SNP).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with UHC Senior Care Options (HMO D-SNP).
- Look in Section 2 to learn more about your choices.
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

Additional Resources

- Please contact our Customer Service number at 1-888-867-5511, for additional information. (TTY users should call 711). Hours are 8 a.m.-8 p.m.: 7 days a week.
- The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.
- We provide free services to help you communicate with us, such as documents in other languages, braille, large print, audio. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card.**
- Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.
- Benefits, features and devices may vary by plan/area. Limitations and exclusions apply.
- Every year, Medicare evaluates plans based on a 5-star rating system.

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- We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact [medicare.gov](https://www.medicare.gov) or 1-800-MEDICARE to get information on all of your options.

About UHC Senior Care Options (HMO D-SNP)

- UnitedHealthcare Senior Care Options is a Coordinated Care plan with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in the plan depends on contract renewal with Medicare. This plan is a voluntary program that is available to anyone 65 and older who qualifies for MassHealth Standard (Medicaid) and Original Medicare and does not have any other comprehensive health insurance, except Medicare. If you have MassHealth Standard (Medicaid), but you do not qualify for Original Medicare, you may still be eligible to enroll in our MassHealth Standard Senior Care Option plan and receive all of your MassHealth Standard benefits through our SCO program. You must live in our service area to enroll.
- When this document says “we,” “us,” or “our,” it means UnitedHealthcare Insurance Company or one of its affiliates. When it says “plan” or “our plan,” it means UHC Senior Care Options (HMO D-SNP).
- Estate Recovery Awareness: MassHealth is required by federal law to recover money from the estates of certain MassHealth members who are age 55 years or older, and who are any age and are receiving long-term care in a nursing home or other medical institution. For more information about MassHealth estate recovery, please visit mass.gov/estaterecovery.

Annual Notice of Changes for 2025

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Summary of important changes for 2025

The table below compares the 2024 costs and 2025 costs for UHC Senior Care Options (HMO D-SNP) in several important areas. **Please note this is only a summary of costs.** Since you are eligible for Medicare cost-sharing assistance under MassHealth (Medicaid), you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2024 (this year)	2025 (next year)
Monthly plan premium	\$0 premium	\$0 premium
Doctor office visits	Primary care visits: \$0 per visit Specialist visits: \$0 per visit	Primary care visits: \$0 per visit Specialist visits: \$0 per visit
Inpatient hospital stays	In-network You pay a \$0 copayment for Medicare-covered hospital care.	In-network You pay a \$0 copayment for Medicare-covered hospital care.
Part D prescription drug coverage (See Section 1.4 for details.)	You pay \$0 per prescription.	You pay \$0 per prescription.



Questions? Call Customer Service at **1-888-867-5511**, TTY **711**, 8 a.m.-8 p.m.: 7 days a week

Section 1 Changes to Benefits for Next Year

Section 1.1 Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by MassHealth (Medicaid).)	\$0	\$0

Section 1.2 Changes to the Provider and Pharmacy Networks

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

Updated directories are located on our website at [MyUHC.com/CommunityPlan](https://www.myuhc.com/CommunityPlan). You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 Provider Directory ([MyUHC.com/CommunityPlan](https://www.myuhc.com/CommunityPlan)) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2025 Pharmacy Directory ([MyUHC.com/CommunityPlan](https://www.myuhc.com/CommunityPlan)) to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

Section 1.3 Changes to Benefits for Medical Services

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

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Depending on your level of Medicaid eligibility, for Medicare-covered services:

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits, you pay a \$0 copayment for your Medicare cost sharing.

If you are not a QMB or you do not have full Medicaid benefits, you must pay your Medicare cost sharing.

Medicare cost sharing includes copayment, coinsurance, and deductibles. Please contact Executive Office of Health and Human Services (Medicaid) at 1-800-841-2900 for more details.

Cost	2024 (this year)	2025 (next year)
<p>Diabetes Self-Management Training, Diabetic Services and Supplies</p>	<p>You pay a \$0 copayment.</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. If you use a brand of supplies that is not covered by your plan, you should speak with your doctor to get a new prescription for a covered brand.</p>	<p>You pay a \$0 copayment.</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, 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. If you use a brand of supplies that is not covered by your plan, you should speak with your doctor to get a new prescription for a covered brand.</p>

Section 1.4 Changes to Part D prescription drug coverage

Changes to our drug list

Our list of covered drugs is called a Formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 5 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

Starting in 2025, we may immediately remove brand name drugs or original biological products on our Drug List if we replace them with new generics or certain biosimilar versions of the brand name drug or original biological product with the same or fewer restrictions. Also, when adding a new version, we may decide to keep the brand name drug or original biological product on our Drug List, but immediately add new restrictions.

This means, for instance, if you are taking a brand name drug or biological product that is being replaced by a generic or biosimilar version, you may not get notice of the change 30 days before we make it or get a month's supply of your brand name drug or biological product at a network pharmacy. If you are taking the brand name drug or biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of the drug types that are discussed throughout this chapter, please see Chapter 12 of your Evidence of Coverage. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: [fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients](https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients). You may also contact Customer Service or ask your health care provider, prescriber, or pharmacist for more information.

Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and

biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

Eligibility for \$0 copay for Rx benefits under the Value-Based Insurance Design model is limited to members with Extra Help from Medicare, and will be verified after enrollment.

Section 2 Deciding Which Plan to Choose

Section 2.1 If you want to stay in UHC Senior Care Options (HMO D-SNP)

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our UHC Senior Care Options (HMO D-SNP).

Section 2.2 If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- **or**– You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)), read the **Medicare & You 2025 handbook**, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 5.2).

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from UnitedHealthcare Senior Care Options on the last day of the current month.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from UnitedHealthcare Senior Care Options on the last day of the current month.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll or visit our website to disenroll online. Contact Customer Service if you need more information on how to do so.
 - **OR** – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

Section 3 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

Because you have MassHealth, you can end your membership in our plan any month of the year. You also have options to enroll in another Medicare plan any month including:

- Original Medicare with a separate Medicare prescription drug plan,
- Original Medicare without a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

Section 4 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Massachusetts, the SHIP is called Massachusetts Serving the Health Insurance Needs of Everyone (SHINE).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Massachusetts Serving the Health Insurance Needs of Everyone (SHINE) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You

can call Massachusetts Serving the Health Insurance Needs of Everyone (SHINE) at 1-800-AGE-INFO (1-800-497-4636), or locally 617-727-2250.

For questions about your MassHealth benefits, contact MassHealth at 1-800-841-2900 (TTY 1-800-497-4648), 8 a.m. - 5 p.m. ET, Monday - Friday. Ask how joining another plan or returning to Original Medicare affects how you get your MassHealth coverage.

Section 5 Questions?

Section 5.1 Getting Help from UnitedHealthcare® Senior Care Options

Questions? We're here to help. Please call Customer Service at 1-888-867-5511. (TTY only, call 711.) We are available for phone calls 8 a.m.-8 p.m.: 7 days a week. Calls to these numbers are free.

Read your 2025 Evidence of Coverage (it has details about next year's benefits)

This **Annual Notice of Changes** gives you a summary of changes in your benefits for 2025. For details, look in the 2025 **Evidence of Coverage** for UHC Senior Care Options (HMO D-SNP). The **Evidence of Coverage** is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the Evidence of Coverage is located on our website at [MyUHC.com/CommunityPlan](https://www.myuhc.com/communityplan). You may also call Customer Service to ask us to mail you an Evidence of Coverage.

Visit our Website

You can also visit our website at [MyUHC.com/CommunityPlan](https://www.myuhc.com/communityplan). As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary).

Section 5.2 Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read Medicare & You 2025

Read the **Medicare & You 2025** handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website ([medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Section 6.3 Getting Help from MassHealth (Medicaid)

To get information from MassHealth (Medicaid), you can call MassHealth (Medicaid) at 1-800-841-2900. TTY users should call 1-800-497-4648.

The company complies with applicable federal and state civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, religion, creed, sexual orientation or sex (including gender identity and gender stereotyping).

If you believe you were treated in a discriminatory way, you can send a complaint to:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130

UHC_Civil_Rights@uhc.com

If you need help with your complaint, please call Member Services at **1-888-867-5511**, TTY **711**, 8 a.m. to 8 p.m., 7 days a week.

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

Online:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>

Phone:

Toll-free **1-800-368-1019**, **1-800-537-7697** (TDD)

Mail:

U.S. Dept. of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201

We can provide free services to help you communicate with us such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English including qualified language interpreters and information written in other languages

To ask for help, please call Member Services at **1-888-867-5511**, TTY **711**, between 8 a.m.–8 p.m. EST, 7 days a week.

English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call **1-888-867-5511 TTY 711**, 8 a.m. to 8 p.m., 7 days a week.

Español (Spanish)

ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al **1-888-867-5511 TTY 711**, de 8 a.m. a 8 p.m., los 7 días de la semana.

Português (Portuguese)

ATENÇÃO: Se você fala português, contate o serviço de assistência de idiomas gratuito. Ligue para o número de telefone **1-888-867-5511 TTY 711**, das 08:00 às 20:00, 7 dias por semana.

中文 (Chinese)

請注意：如果您說中文，我們免費為您提供語言協助服務。請致電 **1-888-867-5511 TTY 711**，服務時間為每週 7 天，上午 8 點至晚上 8 點。

Kreyòl ayisyen (Haitian Creole)

ATANSYON: Si w pale Kreyòl ayisyen, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nan **1-888-867-5511 TTY 711**, ant 8 a.m. ak 8 p.m., 7 jou sou sèt.

Tiếng Việt (Vietnamese)

XIN LƯU Ý: Nếu quý vị nói tiếng Việt, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại **1-888-867-5511 TTY 711**, 8 giờ sáng đến 8 giờ tối, 7 ngày một tuần.

Русский (Russian)

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русским. Звоните по телефону **1-888-867-5511 (TTY 711)**, с 8:00 до 20:00 без выходных.

ភាសាខ្មែរ (Khmer)

សម្គាល់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយភាសាដោយឥតគិតថ្លៃមានផ្តល់ជូនអ្នក។ សូមទូរសព្ទទៅលេខ **1-888-867-5511 TTY 711** ពីម៉ោង 8 ព្រឹក ដល់ 8 ល្ងាច 7 ថ្ងៃក្នុងមួយសប្តាហ៍។

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Veuillez composer le **1-888-867-5511** télécopieur **711**, de 8h à 20h, 7 j/7.

Italiano (Italian)

ATTENZIONE: in caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero **1-888-867-5511 TTY 711**, tutti i giorni dalle 08:00 alle 20:00.

(Arabic) العربية

تنبيه: إذا كنت تتحدث الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متوفرة من أجلك. من فضلك اتصل على رقم **1-888-867-5511** أو الهاتف النصي **711** من الساعة 8 صباحًا وحتى 8 مساءً في أي يوم على مدار الأسبوع.

한국어 (Korean)

알림: 한국어를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-888-867-5511**(TTY **711**)번으로 주 7일 오전 8시부터 오후 8시까지 전화하십시오.

Ελληνικά (Greek)

ΠΡΟΣΟΧΗ: Αν μιλάτε Ελληνικά, υπάρχει δωρεάν βοήθεια στη γλώσσα σας. Παρακαλείστε να καλέσετε το **1-888-867-5511** Αριθμός τέλεξ: **711**, 7 ημέρες την εβδομάδα από τις 8 π.μ. έως τις 8 μ.μ.

Polski (Polish)

UWAGA: Jeżeli mówisz po polsku, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod numer **1-888-867-5511** TTY **711**, dostępnu przez 7 dni w tygodniu, w godzinach od 8:00 do 20:00.

हिंदी (Hindi)

कृपया ध्यान दें: यदि आप हिंदी बोलते/ती हैं, आपको भाषा सहायता सेवाएं निशुल्क उपलब्ध हैं। कृपया **1-888-867-5511** टीटीवाई **711** पर सुबह 8 से रात 8 बजे तक सप्ताह के 7 दिन कॉल करें।

ગુજરાતી (Gujarati)

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો આપને ભાષાકીય સહાયતા સેવાઓ વિના મૂલ્યે ઉપલબ્ધ છે. મહેરબાની કરીને **1-888-867-5511** TTY **711** નંબર પર અઠવાડિયાના 7 દિવસ સવારે 8 થી રાત્રે 8 સુધી કોલ કરો.

ລາວ (Lao)

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວແມ່ນມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃຫ້ແກ່ທ່ານ. ກະລຸນາຕິດຕໍ່ຫາເບີ **1-888-867-5511** TTY **711**, 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ, 7 ວັນຕໍ່ອາທິດ.

For more information, please call customer service at:

UHC Senior Care Options (HMO D-SNP) Customer Service:



Call **1-888-867-5511**

Calls to this number are free. 8 a.m.-8 p.m.: 7 days a week. Customer Service also has free language interpreter services available for non-English speakers.

TTY 711

Calls to this number are free.
8 a.m.-8 p.m.: 7 days a week.



Write: **UnitedHealthcare Community Plan P.O. Box 30770**
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