2026 Enrollment Guide

UHC Dual Choice DC-Y001 (HMO D-SNP)

H7464-010-000

Service area: District of Columbia - District of Columbia

United Healthcare®

DC-Y001
QMB+, FBDE MUST QUALIFY FOR LTC

Whatever comes next, UnitedHealthcare provides coverage you can count on for your whole life ahead

You've got plans. So do we. UnitedHealthcare offer reliable coverage designed to support your health wherever life takes you. Our large national provider network includes doctors and specialists across the country, and 9 out of 10 members are able to keep seeing the doctors they know and trust. It's one more way we're here to support your health — every step of the way.

After all, you may not always know what's next, but you can count on UnitedHealthcare to be there from the moment you choose your plan to the moments that matter most.

See why 4 out of 5 members would choose UnitedHealthcare again for their Medicare coverage

"I really appreciated all of the help that I got from UnitedHealthcare. UnitedHealthcare is the company that is best suited to my needs."

— Karen K, UnitedHealthcare Medicare Advantage Member

"You need a strong insurance company behind you to back you up and cover the things that need to be covered and UnitedHealthcare does that."

— Mary M, UnitedHealthcare Complete Care Member

Medicare member responses based on Human8 survey, May 2025.

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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.

Here's how this HMO D-SNP plan works

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

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 covered services. Look at the Summary of Benefits to find out what services are covered.

Some services require a referral from your doctor. Check your Summary of Benefits for details.

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.

This plan includes Special Supplemental Benefits for the Chronically Ill (SSBCI), allowing eligible members—whose condition is verified by their provider—to use plan credits for healthy food and utilities, along with OTC and other wellness support products.

Go to **UHC.com/CommunityPlan** 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 Enrollee Handbook for a list of all covered services.

Scan this code to view the drug list

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CSDC26HM0321848_000

Benefit Highlights

UHC Dual Choice DC-Y001 (HMO D-SNP)

This is a short description of your 2026 plan benefits. This information is not a complete description of benefits. Please refer to your **Summary of Benefits** or **Enrollee Handbook**. Limitations, exclusions, and restrictions may apply. Please call Enrollee Services: **1-866-242-7726**, TTY **711** for additional assistance.

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

Plan costs	
Monthly plan premium	$0

Plan benefits	
Doctor's office visit	
Primary care provider (PCP)	$0 copay
Specialist	$0 copay
Virtual visits	$0 copay to talk with a network telehealth provider online through live audio and video
Preventive services	$0 copay
Inpatient hospital care	$0 copay per stay for unlimited days
Skilled nursing facility (SNF)	$0 copay per day: days 1–100. Additional days are covered by Medicaid.
Outpatient hospital, including surgery	$0 copay
Outpatient mental health	
Group therapy	$0 copay
Individual therapy	$0 copay
Virtual visits	$0 copay to talk with a network telehealth provider online through live audio and video
Durable medical equipment (DME) and related supplies	
DME (e.g., wheelchairs, oxygen)	$0 copay
Prosthetics (e.g., braces, artificial limbs)	$0 copay

Plan benefits	
Diabetes monitoring supplies	$0 copay for covered brands
Diagnostic radiology services (such as MRIs, CT scans)	$0 copay
Diagnostic tests and procedures (non-radiological)	$0 copay
Lab services	$0 copay
Outpatient X-rays	$0 copay
Ambulance	$0 copay for ground or air
Emergency care	$0 copay (worldwide)
Urgently needed services	$0 copay (worldwide)

Additional plan benefits	
Routine physical	$0 copay, 1 per year
Hearing – routine exam	$0 copay, 1 per year
Fitness benefit	$0 copay Your fitness program helps you stay active and connected at the gym, from home or in your community. It's available to you at no cost and includes: • Free gym membership at core locations • Access to a large national network of gyms and fitness locations • On-demand workout videos and live streaming fitness classes • Online memory fitness activities
Foot care – routine	$0 copay Additional visits covered by Podiatrist services below.
Nurse Hotline	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.
Personal emergency response system	$0 copay for a personal emergency response system (PERS)

Additional plan benefits	
OTC, healthy food, utilities + wellness support	$188 credit every month for over-the-counter (OTC) products and wellness support, plus healthy food and utilities for qualifying members • Choose from thousands of OTC products, like first aid supplies, pain relievers and more • Buy healthy foods like fruits, vegetables, meat, seafood, dairy products and water • Shop at thousands of participating stores, including Walmart, Walgreens and Dollar General, or at neighborhood stores near you • Pay home utilities like electricity, heat, water and internet • Get wellness support including in-home services, weight management coaching, respite care, select fitness items and more
Meal benefit	$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.
Rewards	Earn up to $165 in rewards when you get started in January[Ω]

Benefits and services covered by Medicaid	
Adult wellness services	$0 copay
Women's wellness services	$0 copay
Screenings	$0 copay
Tobacco cessation counseling	$0 copay
Immunizations	$0 copay
Federally Qualified Health Center (FQHC) services	$0 copay
Mental health and inpatient substance use disorder treatment	$0 copay
Dental services	$0 copay
Hearing – routine exam, hearing aid	$0 copay
Substance use disorder screening and behavioral counseling	$0 copay
Family planning services and supplies	$0 copay

Benefits and services covered by Medicaid	
Pregnancy-related services	$0 copay
Nurse midwife service	$0 copay
Nurse practitioner services	$0 copay
Routine screening for sexually transmitted diseases	$0 copay
HIV/AIDS screening, testing, and counseling	$0 copay
Podiatrist services	$0 copay
Medicaid health home services	$0 copay
Physical therapy services	$0 copay
Occupational therapy services	$0 copay
Speech therapy	$0 copay
Durable medical equipment	$0 copay
Diet and behavioral counseling	$0 copay
Prosthetic devices	$0 copay
Routine vision	$0 copay
Tuberculosis-related services	$0 copay
Private duty nursing services	$0 copay
Personal care services	$0 copay
Adult day health program services	$0 copay
EPD waiver services, including participant directed community supports	$0 copay
Nursing facility services	$0 copay
Hospice care	$0 copay
Transportation services	$0 copay

Benefits and services covered by Medicaid	
Gender reassignment surgery/services	$0 copay

Prescription drugs	
If you don't qualify for Low-Income Subsidy (LIS), you pay the Medicare Part D cost share outlined in the Evidence of Coverage. If you do qualify for Low-Income Subsidy (LIS) you pay:	
Deductible	Your deductible amount is $0
Initial Coverage	In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of $2,100 you move to the Catastrophic Coverage stage.
Drug Coverage	**30-day or 100-day supply from retail network pharmacy**
Generic (including brand drugs treated as generic)	$0, $4.90, or $12.65 copay (Some covered drugs are limited to a 30-day supply)
All other drugs[1]	$0, $4.90, or $12.65 copay (Some covered drugs are limited to a 30-day supply)
Catastrophic Coverage	Once you're in this stage, you won't pay for anything for your Medicare-covered Part D drugs for the rest of the plan year.

[1]You pay no more than 25% of the total drug cost or a $35 copay, whichever is lower, for each 1-month supply of Part D covered insulin drugs, even if you haven't paid your deductible, until you reach the Catastrophic Coverage stage where you pay $0.

Scan this code to view your Summary of Benefits

[Ω]Medicare Advantage reward offerings may vary by plan and are not available in all plans. By participating in the program or accessing rewards funds, you agree to the Rewards Program Terms of Service located on the right side of the page at myuhcmedicare.com/rewards. Members must participate January through December to earn all available rewards. Rewards must be earned and reported within time frames specified by the plan. Time frames are available at myuhcmedicare.com/rewards. Rewards can only be used by members of UnitedHealthcare Medicare Advantage plans for eligible items at participating merchants and in accordance with applicable Medicare laws. Rewards funds are not redeemable for cash except as required by law. No ATM access. Rewards cannot be used to purchase Medicare-covered items or services, including medical or prescription drug out-of-pocket costs, or alcohol, tobacco or firearms.

Premiums, copays, coinsurance, and deductibles may vary based on if you receive Extra Help. It is important to know which providers are part of our network because, with limited exceptions, while you are an enrollee of our plan you must use network providers as shown above to get your medical care and other services. Exceptions apply. Please contact Enrollee Services at 1-866-242-7726, TTY 711 for more information.

Virtual visits may require video-enabled smartphone or other device. Not for use in emergencies. Not all network providers offer virtual care.

A copay or coinsurance may apply if you receive services that are not part of the annual physical/wellness visit.

The fitness benefit and gym network varies by plan/area and participating locations may change. The fitness benefit includes a standard fitness membership at participating locations. Not all plans offer access to premium locations. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the District Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare and District Medicaid.

The healthy food benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as high blood pressure, high cholesterol, chronic and disabling mental health conditions, diabetes and/or cardiovascular disorders, and who also meet all applicable plan coverage criteria. There may be other qualified conditions not listed. Contact us for details.

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Summary of Benefits 2026

UHC Dual Choice DC-Y001 (HMO D-SNP)

Look inside to learn more about the plan and the health and drug services it covers.
Contact us for more information about the plan.

UHC.com/CommunityPlan

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

United Healthcare®

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Introduction

This document is a brief summary of the benefits and services covered by UHC Dual Choice DC-Y001 (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as an enrollee of UHC Dual Choice DC-Y001 (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the **Enrollee Handbook**.

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A. Disclaimers

This is a summary of health services covered by UHC Dual Choice DC-Y001 (HMO D-SNP) for January 1, 2026 to December 31, 2026. This is only a summary. Please read the **Enrollee Handbook** for the full list of benefits. You can view the **Enrollee Handbook** on our website at **MyUHC.com/CommunityPlan**. If you would like a print copy, call UHC Dual Choice DC-Y001 (HMO D-SNP) Enrollee Services at the number of the bottom of this page.

- UHC Dual Choice DC-Y001 (HMO D-SNP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the District Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare and District Medicaid.
- For more information about Medicare, you can read the **Medicare & You** handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- 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 Enrollee Services number at **1-866-242-7726** for additional information (TTY users should call **711**). Hours are 8 a.m.–8 p.m.: 7 Days Oct–Mar; 8 a.m.–5:30 p.m. 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 **1-866-242-7726**, 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; 8 a.m. a 5:30 p.m., de lunes a viernes, de abril a septiembre.
- For more information about UHC Dual Choice DC-Y001 (HMO D-SNP), you can check the DC Department of Health Care Finance website at dhcf.dc.gov/page/district-dual-choice-d-snps, contact the DC Office of Health Care Ombudsman and Bill of Rights at 202-724-7491, TTY 711, Monday–Friday 9 a.m.-4:45 p.m., or contact the DC State Health Insurance Assistance Program (SHIP) at 202-727-8370, TTY 711, Monday–Friday, 9:30 a.m.-4:30 p.m.
- UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.
- You can get this document for free in other formats, such as large print, braille, or audio. Call **1-866-242-7726** and TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free.
- This document is available for free in Spanish and Amharic.

- To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, call UHC Dual Choice DC-Y001 (HMO D-SNP) Enrollee Services at the number at the bottom of this page.

Fitness program

The fitness benefit and gym network varies by plan/area and participating locations may change. The fitness benefit includes a standard fitness membership at participating locations. Not all plans offer access to premium locations. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine.

OTC, healthy food, utilities + wellness support

OTC, food and utility benefits have expiration time frames. Review your Enrollee Handbook for more information. The healthy food and utilities benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as diabetes, cardiovascular disorders, chronic heart failure, chronic high blood pressure and/or chronic high cholesterol, and who also meet all applicable plan coverage criteria. There may be other qualified conditions not listed. Certain wellness support services are provided by third parties not affiliated with UnitedHealthcare and participation may be subject to your acceptance of the third parties' respective terms and policies. UnitedHealthcare is not responsible for the services provided by third parties.

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

Rewards Program

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

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B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently asked questions	Answers
What's a UHC Dual Choice D-SNP?	A Dual Eligible Special Needs Plan (D-SNP) is a type of Medicare Advantage health plan. A D-SNP is for individuals who are dually eligible for both Medicare and DC Medicaid. A D-SNP covers all of your Medicare and prescription drug benefits (Medicare Part D) and provides all of your Medicaid services and drugs for which you are eligible under the DC Medicaid program.
Will I get the same Medicare and DC Medicaid benefits in UHC Dual Choice DC-Y001 (HMO D-SNP) that I get now?	You'll get most of your covered Medicare and DC Medicaid benefits directly from UHC Dual Choice DC-Y001 (HMO D-SNP). You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a District agency or specialty mental health and substance use disorder services. When you enroll in UHC Dual Choice DC-Y001 (HMO D-SNP), you and your care team will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that UHC Dual Choice DC-Y001 (HMO D-SNP) doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for UHC Dual Choice DC-Y001 (HMO D-SNP) to cover your drug if medically necessary. For more information, call Enrollee Services at the numbers listed at the bottom of this page.

Frequently asked questions	Answers
Can I use the same doctors I use now?	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with UHC Dual Choice DC-Y001 (HMO D-SNP) and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept enrollees of our plan and provide services our plan covers. If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UHC Dual Choice DC-Y001 (HMO D-SNP)'s plan. • If you are currently under treatment with a provider that is out of UHC Dual Choice DC-Y001 (HMO D-SNP)'s network, you may choose to continue this treatment, regardless of whether this provider is in UHC Dual Choice DC-Y001 (HMO D-SNP)'s provider network, through a transitional period until the course of treatment is concluded or for 30 days, whichever is longer. Call Enrollee Services for more information about staying connected. To find out if your providers are in the plan's network, call Enrollee Services at the numbers listed at the bottom of this page or read UHC Dual Choice DC-Y001 (HMO D-SNP)'s **Provider and Pharmacy Directory** on the plan's website at **MyUHC.com/CommunityPlan**. If UHC Dual Choice DC-Y001 (HMO D-SNP) is new for you, we'll work with you to develop an Individualized Plan of Care to address your needs.
What's a UHC Dual Choice DC-Y001 (HMO D-SNP) care navigator?	A UHC Dual Choice DC-Y001 (HMO D-SNP) care navigator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.

Frequently asked questions	Answers
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, another agency may administer these services, and your care navigator or care team will work with that agency.
What happens if I need a service but no one in UHC Dual Choice DC-Y001 (HMO D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, UHC Dual Choice DC-Y001 (HMO D-SNP) will pay for the cost of an out-of-network provider.
Where's UHC Dual Choice DC-Y001 (HMO D-SNP) available?	The service area for this plan includes: Washington, DC. You must live in this area to join the plan. Call Enrollee Services at the numbers listed at the bottom of this page. for more information about whether the plan is available where you live.
What's prior authorization?	Prior authorization means an approval from UHC Dual Choice DC-Y001 (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. UHC Dual Choice DC-Y001 (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.** UHC Dual Choice DC-Y001 (HMO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from UHC Dual Choice DC-Y001 (HMO D-SNP) before the service is provided. Refer to **Chapter 3**, of the **Enrollee Handbook** to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the **Enrollee Handbook** to learn which services require a prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Enrollee Services for help.

Frequently asked questions	Answers
What is a referral?	A referral means that your primary care provider (PCP) must give you approval to go to someone that is not your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, UHC Dual Choice DC-Y001 (HMO D-SNP) may not cover the services. UHC Dual Choice DC-Y001 (HMO D-SNP) can provide you with a list of services that require you to get a referral from your PCP before the service is provided. You don't need a referral to use certain specialists, such as women's health specialists. Refer to the **Enrollee Handbook** to learn more about when you will need to get a referral from your PCP.
Do I pay a monthly amount (also called a premium) under UHC Dual Choice DC-Y001 (HMO D-SNP)?	No. Because you have DC Medicaid you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as an enrollee of UHC Dual Choice DC-Y001 (HMO D-SNP)?	No. You don't pay deductibles in UHC Dual Choice DC-Y001 (HMO D-SNP).
What's the maximum out-of-pocket amount that I'll pay for medical services as an enrollee of UHC Dual Choice DC-Y001 (HMO D-SNP)?	There's no cost sharing for medical services in UHC Dual Choice DC-Y001 (HMO D-SNP), so your annual out-of-pocket costs will be $0.

C. List of covered services

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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay*	$0	Except in an emergency, your health care provider must tell the plan of your hospital admission. Our plan covers an unlimited number of days for an inpatient hospital stay.
	Outpatient hospital services including observation*	$0	
	Ambulatory surgical center (ASC) services*	$0	
	Doctor or surgeon care*	$0	
You want a doctor	Visits to treat an injury or illness	$0	
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	$0	
	Wellness visits, such as a physical	$0	1 per year
	"Welcome to Medicare" (preventive visit one time only)	$0	
	Specialist care*[1]	$0	Requires a referral from your doctor.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care	Emergency room services	$0	$0 copay (worldwide) per visit. For emergency and urgent care services, prior authorization is not required for out-of-network providers.
	Urgent care	$0	$0 copay (worldwide) per visit
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)*	$0	
	Lab tests and diagnostic procedures, such as blood work*	$0	
You need hearing/ auditory services	Hearing aids	$0	
	Hearing screenings*	$0	1 per year Other hearing exam providers are available in the UnitedHealthcare network.
You need dental care	Dental check-ups and preventive care	$0	
	Restorative and emergency dental care	$0	
You need eye care	Eye exams*	$0	
	Glasses or contact lenses	$0	
	Other vision care	$0	
You need behavioral health services	Behavioral health services*	$0	
You need a substance use disorder services	Substance use disorder services*	$0	
	Skilled nursing care*	$0	Our plan covers up to 100 days in a SNF.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you	Nursing home care*	$0	
	Adult Foster Care and Group Adult Foster Care	$0	
You need therapy after a stroke or accident	Occupational, physical, or speech therapy*[1]	$0	Requires a referral from your doctor.
You need help getting to health services	Ambulance services	$0	Your provider must obtain prior authorization for non-emergency transportation.
	Emergency transportation	$0	
	Transportation to medical appointments and services	$0	Routine transportation not for use in emergencies.
You need drugs to treat your illness or condition (continued on next page)	Medicare Part B drugs*	$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the **Enrollee Handbook** for more information on these drugs.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Medicare Part D drugs	If you don't qualify for Low-Income Subsidy (LIS), you pay the Medicare Part D cost-share outlined in the **Enrollee Handbook**. If you do qualify for Low Income Subsidy (LIS) you pay: Initial Coverage: In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of $2,100, which includes the amount you paid towards your deductible, you move to the Catastrophic Coverage stage.	There may be limitations on the types of drugs covered. Please refer to UHC Dual Choice DCY001 (HMO D-SNP)'s **List of Covered Drugs (Drug List)** for more information. You will pay a maximum of $0 for each 1-month supply of Part D covered insulin drugs. An extended day supply is only available at a subset of the retail or mail order network pharmacy.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Medicare Part D drugs (continued)	Drug Coverage 30-day or 100-day supply from a retail network pharmacy. (Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.) Generic (including brand drugs treated as generic): • $0, $1.60, or $5.10 copay • Drugs that are in Tier 1 are always $0 copay. (Some covered drugs are limited to a 30-day supply)	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Medicare Part D drugs (continued)	All other drugs: • $0, $4.90, or $12.65 copay • Drugs that are in Tier 1 are always $0 copay. (Some covered drugs are limited to a 30-day supply) Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	You pay no more than 25% of the total drug cost or a $35 copay, whichever is lower, for each 1-month supply of Part D covered insulin drugs, even if you haven't paid your deductible, until you reach the Catastrophic Coverage stage where you pay $0. Catastrophic Coverage: Once you're in this stage, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year.
	Over-the-counter (OTC) drugs	$0	There may be limitations on the types of drugs covered. Please refer to UHC Dual Choice DC-Y001 (HMO D-SNP)'s **List of Covered Drugs (Drug List)** for more information.
You need help getting better or have special health needs	Rehabilitation services*	$0	
	Medical equipment for home care*	$0	
	Dialysis services*	$0	
	Podiatry services	$0	
You need foot care	Orthotic services*	$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) **Note:** This isn't a complete list of covered DME. For a complete list, contact Enrollee Services or refer to **Chapter 4** of the **Enrollee Handbook**.	Wheelchairs, crutches, and walkers*	$0	
	Nebulizers*	$0	
	Oxygen equipment and supplies*	$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued on next page)	Elderly and Persons with Physical Disabilities (EPD) waiver program services The EPD waiver offers a combination of in-home or community-based support services, which include: Case management: assistance with obtaining or coordinating health care services Personal care aide services: assistance with activities of daily living, such as dressing, eating, toileting, etc. Adult day health programs: non-residential services and supports promoting community inclusion and community-based care Respite care: assistance with daily needs when a primary caregiver is absent or unavailable	$0	To be eligible for the EPD waiver, you must: • Be a resident of the District of Columbia • Be a U.S. citizen or hold legal immigration status • Be eligible to receive DC Medicaid, with an income of less than 300% SSI or be eligible for spend down • Have no more than $4,000 in countable assets • Require assistance with activities of daily living • Meet the "level of care" established for the waiver Contact your care team for assistance applying for EPD waiver benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Assisted living: a licensed residence with services and supports to allow participants to live independently Environmental accessibility adaptations: physical modifications to a home to ensure the safety and welfare of a resident Participant-directed services: more choice and flexibility over the services you receive, including personal care aide services		
	Day habilitation services	$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Adult Day Health Program (ADHP)	$0	To be eligible to use ADHP services, you must: • Be eligible for and enrolled in the District's EPD waiver program, OR • Meet the following criteria to enroll in the District's 1951(i) ADHP program: ◦ Be a resident of the District of Columbia ◦ Be a U.S. citizen or hold legal immigration status ◦ Be eligible to receive DC Medicaid, with an income of less than 150% FPL ◦ Have chronic conditions as certified by a licensed physician or APRN and meet the "level of care" established for ADHP services Contact your care team to learn about how you can connect to ADHP services.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Services to help you live on your own (home health care services or personal care aide services (PCA))*	$0	To be eligible to use PCA services you must: • Be eligible for and enrolled in the District's EPD waiver program, OR • Meet the following criteria to enroll in the District's stat plan PCA program: ◦ Be a resident of the District of Columbia ◦ Be a U.S. citizen or hold legal immigration status ◦ Be eligible to receive DC Medicaid with an income of less than 100% FPL ◦ Require assistance with activities of daily living AND meet the "level of care" established for PCA services Contact your care team to learn about how you can connect to PCA services.
Additional services (continued on next page)	Chiropractic services*	$0	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation). Covered with limitations; 20% in-network coinsurance and 30% out-of-network coinsurance.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Diabetes supplies and services*	$0	We only cover Contour® and Accu-Chek® brands. Other brands are not covered by your plan. Covered glucose monitors include: Contour Plus Blue, Contour Next EZ, Contour Next Gen, Contour Next One, Accu-Chek Guide Me and Accu-Chek Guide. Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus
	Prosthetic services*	$0	
	Radiation therapy*	$0	
	Services to help manage your disease*	$0	
	Fitness	$0	Your fitness program helps you stay active and connected at the gym, from home or in your community. It's available to you at no cost and includes: • Free gym membership at core locations • Access to a large national network of gyms and fitness locations. • On-demand workout videos and live streaming fitness classes. • Online memory fitness activities
	Meal benefit*	$0	$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	OTC, healthy food, utilities + wellness support		$188 credit every month for over-the-counter (OTC) products and wellness support, plus healthy food and utilities for qualifying enrollees • Choose from thousands of OTC products, like first aid supplies, pain relievers and more • Buy healthy foods like fruits, vegetables, meat, seafood, dairy products and water • Shop at thousands of participating stores, including Walmart, Walgreens and Dollar General, or at neighborhood stores near you • Pay home utilities like electricity, heat, water and internet • Get wellness support including in-home services, weight management coaching, respite care, select fitness items and more
	Nurse Hotline	$0	Speak with a registered nurse (RN) 24 hours a day, 7 days a week

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Personal emergency response system	$0	$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. You must have a working landline and/or cell phone coverage to use PERS.

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the UHC Dual Choice DC-Y001 (HMO D-SNP) **Enrollee Handbook**. If you don't have an **Enrollee Handbook**, call UHC Dual Choice DC-Y001 (HMO D-SNP) Enrollee Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Enrollee Services or visit **MyUHC.com/CommunityPlan**.

*May require your provider to get prior authorization from the plan for in-network benefits.

[1]Requires a referral from your doctor.

D. Benefits covered outside of UHC Dual Choice DC-Y001 (HMO D-SNP)

There are some services that you can get that aren't covered by UHC Dual Choice DC-Y001 (HMO D-SNP) but are covered by Medicare, DC Medicaid, or a District agency. This isn't a complete list. Call Enrollee Services at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare, DC Medicaid, or a District Agency	Your costs
Services provided through the DC Department of Behavioral Health (DBH)	$0
Certain hospice care services covered outside of UHC Dual Choice DC-Y001 (HMO D-SNP)	$0 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.
Services covered under the authority of DC Medicaid's 1915(c) Individual and Family Support waiver program (IFS waiver)	$0
Services covered under DC Medicaid's 1915(c) Individuals with Intellectual or Developmental Disabilities waiver program (IDD waiver)	$0
Services provided by an Intermediate Care Facility for Individuals with Intellectual or Developmental Disabilities (ICF/IID) to individuals residing in an ICF/IID	$0

E. Services that UHC Dual Choice DC-Y001 (HMO D-SNP), Medicare, and DC Medicaid don't cover

This isn't a complete list. Call Enrollee Services at the numbers listed at the bottom of this page to find out about other excluded services.

Services UHC Dual Choice DC-Y001 (HMO D-SNP), Medicare, and DC Medicaid don't cover
Services considered not "reasonable and medically necessary", according to Medicare and DC Medicaid standards, unless we list these as covered services
Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study
Surgical treatment for morbid obesity except when medically necessary
Elective or voluntary enhancement procedures
Cosmetic surgery or other cosmetic work unless required criteria are met
LASIK surgery

F. Your rights as an enrollee of the plan

As an enrollee of UHC Dual Choice DC-Y001 (HMO D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the **Enrollee Handbook**. Your rights include, but aren't limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and care navigator

- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they're covered
  - Refuse treatment, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion. UHC Dual Choice DC-Y001 (HMO D-SNP) will pay for the cost of your second opinion visit
  - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
  - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers
  - File a complaint with the DC Department of Health Care Finance (DHCF) at 202-442-9533, TTY 711
  - Ask for an IMR of DC Medicaid services or items that are medical in nature
  - Appeal certain decisions made by DHCF or our providers
  - Ask for a District Fair Hearing

- Get a detailed reason for why services were denied

For more information about your rights, you can read the **Enrollee Handbook**. If you have questions, you can call UHC Dual Choice DC-Y001 (HMO D-SNP) Enrollee Services at the numbers listed at the bottom of this page.

You can also contact the DC Office of Health Care Ombudsman and Bill of Rights at 202-724-7491, TTY 711, Monday–Friday 9 a.m.–4:45 p.m.

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

If you have a complaint or think UHC Dual Choice DC-Y001 (HMO D-SNP) should cover something we denied, call Enrollee Services at the numbers listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the **Enrollee Handbook**. You can also call UHC Dual Choice DC-Y001 (HMO D-SNP) Enrollee Services at the numbers listed at the bottom of this page.

For complaints/grievances or medical appeals:

UnitedHealthcare Appeals and Grievances Department
P.O. Box 6103
MS CA120-0360
Cypress, CA 90630-0023

For Part D or Medicaid drug appeals only:

UnitedHealthcare Part D Appeal and Grievance Department
P.O. Box 6103
MS CA120-0368
Cypress, CA 90630-0023

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at UHC Dual Choice DC-Y001 (HMO D-SNP) Enrollee Services. Phone numbers are numbers listed at the bottom of this page.
- Or, call DC Medicaid Customer Service Center at 202-442-9533. TTY users may call 711.
- Or, call DC Medicaid's Fraud Hotline at 1-877-632-2873. TTY users may call 711.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.

If you have general questions or questions about our plan, services, service area, billing, or Enrollee ID Cards, please call **UHC Dual Choice DC-Y001 (HMO D-SNP) Enrollee Services:** **1-866-242-7726** Calls to this number are free. 8 a.m.–8 p.m., local time, 7 days a week, October–March, 8 a.m.–5:30 p.m., Monday–Friday, April–September. Enrollee Services 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, October–March, 8 a.m.–5:30 p.m., Monday–Friday, April–September.
If you have questions about your health: Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed. If your PCP's office is closed, you can also call Nurse Triage. A nurse will listen to your problem and tell you how to get care. (Example: convenience care, urgent care, emergency room). The numbers for the Nurse Triage are: **1-877-303-2422** Calls to this number are free. 24 hours, 7 days a week. UHC Dual Choice DC-Y001 (HMO D-SNP) also has free language interpreter services available for non-English speakers. **711** Calls to this number are free. 24 hours, 7 days a week.
If you need immediate behavioral health care, please call the Optum Mental Health: **1-866-242-7726** Calls to this number are free. 8 a.m.–8 p.m. local time, 7 days a week. UHC Dual Choice DC-Y001 (HMO D-SNP) 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, October–March, 8 a.m.–5:30 p.m., Monday–Friday, April–September.

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Helpful resources

You may qualify for Extra Help from Medicare

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

- The Social Security Administration at **1-800-772-1213**, TTY **1-800-325-0778** or visit **ssa.gov**
- DC DHCF Long Term Care Administration at **1-202-442-5988** or visit **dhcf.dc.gov**

Resources for caregivers

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

Medicare Made Clear®

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

MedicareMadeClear.com

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Before you enroll

It's important that you understand this Dual Special Needs Plan (D-SNP) and what benefits are covered. You can find the Drug List, Provider and Pharmacy directories, Enrollee Handbook and more at **UHC.com/CommunityPlan**.

Are your drugs covered? Check the Drug List (Formulary) to make sure.
Drugs not covered by the plan may have alternative covered drugs that can be used instead.

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

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

Did you review the Summary of Benefits?
These are just some of the benefits covered by the plan. You can find a complete list of coverage, benefits and plan rules in the Enrollee Handbook online.

You're eligible to enroll if:

You're enrolled in Original Medicare Parts A and B

You receive Medicaid benefits

You live in the plan's service area

How to enroll

When you're ready to enroll, you have a few options to choose from. First, you'll need your Medicare card handy, no matter which option you choose.

Online

Visit **UHC.com/CommunityPlan** or scan the code below to enroll online. Then follow these simple steps:

1. Enter your ZIP code
2. Navigate to the **Medicare Advantage** section
3. Look for the **UHC Dual Choice DC-Y001 (HMO D-SNP)** plan and select the **Enroll** button
4. Complete the form and submit your enrollment

If you need any help while enrolling online, select the **Chat now** button to connect with one of our Licensed Sales Representatives.

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 an appointment with an agent in your area.

If you already have an agent, they can review this plan with you to make sure it meets your needs before helping you enroll.

Enroll online or by phone for the easiest experience. Or send us a completed Enrollment Request Form. If you have a qualifying condition, complete the Additional Benefit Verification Form to use your OTC credit for healthy food and utilities.

Scan this code to complete your enrollment online

What to expect after you enroll

Once you're an enrollee, you can rely on UnitedHealthcare to support you every step of the way. You can easily manage and find answers about your plan on the UnitedHealthcare app or your enrollee site. And our UnitedHealthcare UCard® makes it easier than ever to open doors to all your health plan has to offer.

You are here
Enrollment submitted

Download the app or create your account 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 Medicare ID or enrollee ID number and email address to create an account on the app or at **myUHC.com/CommunityPlan**. Online you can:

- Check the status of your enrollment
- Find network providers and pharmacies and view plan documents, like your Drug List (Formulary) and Enrollee Handbook
- Complete your health assessment

Reach for your UCard when

- Visiting a provider or filling a prescription
- Paying for OTC products and more – including healthy food and utilities if you qualify. (We'll verify your qualifying condition with your doctor and send you a letter with next steps)
- Spending your earned rewards
- Checking in at the gym

Once your coverage begins

- Schedule your annual physical and wellness visit
- You have access to an annual in-home Optum® HouseCalls visit and personalized care coordination from a care navigator as part of your health plan
- Review UCard balances

Thank you for choosing UnitedHealthcare

If you have questions, call Enrollee Services toll-free at **1-866-242-7726**, TTY **711**.

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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 (Part C) plans and cost plans
- ☐ Standalone Medicare prescription drug (Part D) plans
- ☐ 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 HMO point-of-service (HMO-POS) 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 standalone 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.

Additional Benefit Verification Form

To receive your healthy food and utilities benefit, we need to verify your qualifying condition(s). After you complete this form, please return it with your plan enrollment form. Do **not** take this form to your treating physician.

Name: _____

Date of birth: _____ **Medicare ID:** _____

Qualifying clinical conditions

Please select the health condition(s) that apply to you:

- ☐ Diabetes mellitus (type 1 or type 2)
- ☐ Cardiovascular disorders
- ☐ Chronic heart failure
- ☐ Chronic hypertension (chronic high blood pressure)
- ☐ Chronic hyperlipidemia (chronic high cholesterol)
- ☐ Autoimmune disorders
- ☐ Cancer
- ☐ Chronic alcohol use disorder and other substance use disorders (SUDs)
- ☐ Chronic gastrointestinal disease
- ☐ Chronic kidney disease (CKD)
- ☐ Chronic lung disorders
- ☐ Chronic and disabling mental health conditions
- ☐ Dementia
- ☐ HIV/AIDS
- ☐ Immunodeficiency and immunosuppressive disorders
- ☐ Myasthenia Gravis/Myoneural Disorders and Guillain-Barre Syndrome/Inflammatory and Toxic Neuropathy
- ☐ Neurologic disorders
- ☐ Overweight, obesity and metabolic syndrome
- ☐ Post-organ transplantation care
- ☐ Severe hematologic disorders
- ☐ Stroke
- ☐ Conditions associated with cognitive impairment
- ☐ Conditions with functional challenges and require similar services including spinal cord injuries, paralysis, limb loss, stroke and arthritis

Treating physician information

Full name	Phone number	
Address		
City	State	ZIP code
Fax number	Email address	
National Provider Identifier (NPI) number (10–12 digits without dashes)		

If you don't have all this information, you can complete your treating physician's full name and NPI number (exactly as it's found in the Provider Directory or online).

Have you seen this provider within the last 2 years? ☐ Yes ☐ No

Authorization to release information

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with federal law.

I understand and agree that:

- This authorization is voluntary;
- My health information may contain information created by other persons or entities including health care providers and may contain medical, pharmacy, dental, vision, mental health, substance abuse, HIV/AIDS, psychotherapy, reproductive, communicable disease and health care program information;
- I may not be denied treatment, payment for health care services or enrollment or eligibility for health care benefits if I do not sign this form;
- Once my health information is shared, the person or organization receiving it may share it again. If they are not a health plan or health care provider, the information may no longer be protected by federal privacy laws; and
- This authorization will expire one year from the date I sign the authorization. I may revoke this authorization at any time by notifying UnitedHealthcare in writing; however, the revocation will not influence any actions taken before the date my revocation is received and processed.

Who may receive and disclose my information:

I authorize UnitedHealth Group's subsidiaries and their affiliates to receive from or disclose my individually identifiable health information between and among themselves.

Type of information to be disclosed:

I authorize disclosure of all my health information including information relating to medical, pharmacy, dental, vision, mental health, substance abuse, HIV/AIDS, psychotherapy, reproductive, communicable disease and health care program information.

Purpose of disclosure:

My health information is being disclosed to verify that I qualify for the healthy food and utilities benefit or to verify my diagnosis of a covered chronic condition.

Applicant signature	**Date**

Witness signature (For Illinois residents only)	**Date**

Please note: If you are a guardian or court appointed representative, please complete the fields on the following page and attach a copy of your legal authorization to represent the member.

Guardian or Representative:		
Name	Phone number	
Street address		
City	State	ZIP code
Guardian or Representative signature		Date

For California and Georgia residents only: I understand that I may see and copy the information described on this form if I ask for it, and that I may receive a copy of this form after I sign it.

The healthy food and utilities benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as diabetes, cardiovascular disorders, chronic heart failure, chronic high blood pressure and/or chronic, high cholesterol, and who also meet all applicable plan coverage criteria. There may be other qualified conditions not listed. Contact us for details.

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2026 Enrollment Request Form

☐ **UHC Dual Choice DC-Y001 (HMO D-SNP) H7464-010-000**

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

Last name	First name	Middle initial

Birth date	Sex ☐ Male ☐ Female
Home phone number ( ) —	Mobile phone number ( ) —

You can stay on top of your plan and health with timely, helpful calls.
☐ Check here to consent to receive calls using auto dialer/artificial or prerecorded voice technology. You can change your preference at any time.

Social Security number
(Required for people who are enrolling in D-SNP plans): __ __ __ - __ __ - __ __ __ __

Medicare number

Permanent residence street address **(Don't enter a P.O. Box. Note: For individuals experiencing homelessness, a P.O. Box may be considered your permanent residence address)**

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

You will receive some plan information, such as your Explanation of Benefits and Annual Notice of Changes, electronically (quicker than mail). We'll email you when new documents are ready to review online.
☐ Check here if you prefer to receive paper copies by mail. You can change your delivery preference at any time.

Enrollee name _____
Agent name/ID number _____

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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.

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__/__/__/__/__/__/__/__/__/__

*Members enrolled in the EFT program agree to these terms: My bank may pay UnitedHealthcare Insurance Company the new charges from my bank Account which may include up to $200.00 of current retroactive charges plus monthly premium amount. If I choose to stop paying by EFT, I will tell both UHC and my bank. I understand it could take 1-2 months to process the change.

A few questions to help us manage your plan

1. Which language or accessible format do you prefer for future plan information?

Enrollee name _____

Agent name/ID number _____

☐ English ☐ Spanish

☐ Braille ☐ Large print ☐ Audio CD ☐ Data CD ☐ 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 **UHC.com/CommunityPlan** for online help. **If no selection is made, you will receive plan information in English.**

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

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

3. 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

4. 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

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.

Enrollee name _____

Agent name/ID number _____

- ☐ 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.
- ☐ 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.

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 Enrollee Services 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	

For individuals helping enrollee with completing this form only

Enrollee name _____

Agent name/ID number _____

Y0066_EFMA_2026_C CSDC26HM0321005_000

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

Name	Relationship to enrollee
Signature	National Producer Number (Agents/Brokers only)

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	Branch ID

Agent must complete

☐ IEP (MA-PD enrollees)
☐ ICEP (MA enrollees)
☐ IEP (MA-PD enrollees eligible for 2nd IEP)
☐ OEP (Jan 1 – Mar 31)
☐ OEP (Newly eligible)
☐ SEP (Dual LIS change of status)
☐ SEP (Change in residence)
☐ SEP (Loss of EGHP coverage)
☐ SEP (Chronic)
☐ SEP (Dual LIS maintaining)
☐ AEP (October 15-December 7)
☐ OEPI
☐ SEP (SEP reason) _____

Licensed Sales representative signature (optional) **Date**

Please mail or fax this completed form to:
UnitedHealthcare
P.O. Box 30769
Salt Lake City, UT 84130-0769
Fax: 1-888-950-1169
Fax the front and back of each page

Enrollee name _____
Agent name/ID number _____

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 Choice DC-Y001 (HMO D-SNP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the District Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare and District Medicaid.

OMB No. 0938-1378
Expires: 12/31/2026
Y0066_EFMA_2026_C CSDC26HM0321005_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.
- ✔ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ✔ Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage health care 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.

2026 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 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

RxPCN: 9999

RxGRP: MPDCSP

We're here to help. If you have additional questions, please call Enrollee Services 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.

United Healthcare®

Y0066_ER_2026_C CSDC26HM0326188_000

Important information: 2026 Medicare star ratings

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

UnitedHealthcare - H7464

For 2026, UnitedHealthcare - H7464 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★½	3.5 stars
Health Services Rating:	★★★½	3.5 stars
Drug Services Rating:	★★★½	3.5 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**.

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). Current members please call **866-242-7726** (toll-free) or **711** (TTY).

Notice of nondiscrimination

Our Companies comply with applicable civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call the toll-free number on your member identification card (TTY **711**).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

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

UHC_Civil_Rights@uhc.com

Optum Civil Rights Coordinator
1 Optum Circle
Eden Prairie, MN 55344

Optum_Civil_Rights@Optum.com

If you need help filing a complaint, call the toll-free number on your member identification card (TTY **711**).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online: **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**

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

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

Complaint forms are available at: **http://www.hhs.gov/ocr/office/file/index.html**.

This notice is available at: **https://www.uhc.com/nondiscrimination-med**
https://www.optum.com/en/language-assistance-nondiscrimination.html

Notice of availability
of language assistance services and alternate formats

If you do not speak and/or read English, please call 1-866-242-7726, TTY 711, between 8:00am – 5:30pm EST, Monday – Friday, months April – September; 8:00am – 8:00pm EST, 7 days a week, months October – March. A representative will assist you.

እንግሊዘኛ የማይናገሩ እና/ወይም የማያነቡ ከሆነ፣ እባክዎን በ1-866-242-7726፣ TTY 711፣ ከጠዋቱ 8፡00 - ከሰዓት 5፡30 EST፣ ሰኞ - አርብ፣ ኤፕሪል - ሴፕቴምበር ወራት፤ ጠዋት 8:00 - ከሰዓት 8:00 EST፣ በሳምንት 7 ቀናት፣ ከአክቶበር - ማርች ወራት ይደውሉ። ተወካይ ያነጋግርዎታል።

إذا كنت لا تتحدث و/أو لا تقرأ اللغة الإنجليزية، يُرجى الاتصال على الرقم 1-866-242-7726 (TTY 711)، بين الساعة 8:00 صباحًا و 5:30 مساءً بالتوقيت الشرقي القياسي، من الاثنين إلى الجمعة، خلال أشهر أبريل حتى سبتمبر؛ ومن الساعة 8:00 صباحًا حتى 8:00 مساءً بالتوقيت الشرقي القياسي، طوال أيام الأسبوع، خلال أشهر أكتوبر حتى مارس. وسيساعدك أحد الممثلين.

အကယ်၍ သင်သည် အင်္ဂလိပ်လိုမပြောတတ် နှင့်/သို့မဟုတ် မဖတ်တတ်ပါက ကျေးဇူးပြု၍ 1-866-242-7726၊ TTY 711 ထံသို့ ဧပြီလမှ စက်တင်ဘာလအထိ တနင်္လာနေ့မှ သောကြာနေ့၊ EST အချိန် 8:00am မှ 5:30pm အတွင်းနှင့် အောက်တိုဘာလမှ မတ်လအထိ တစ်ပတ်လျှင် ၇ ရက်၊ EST အချိန် 8:00am မှ 8:00pm အတွင်း ဖုန်းခေါ်ဆိုပါ။ ကိုယ်စားလှယ်တစ်ဦးက သင့်ကို ကူညီပေးပါလိမ့်မည်။

如果您不能说和 / 或读英语，请致电 1-866-242-7726，听力语言残障服务专线 (TTY) 711，4 月至 9 月周一至周五，东部标准时间 (EST) 上午 8:00 至下午 5:30；10 月至 3 月每周 7 天，东部标准时间 (EST) 上午 8:00 至晚上 8:00。会有一位代表为您提供协助。

如果您不能說和 / 或讀英語，請致電 1-866-242-7726，聽力語言殘障服務專線 (TTY) 711，4 月至 9 月週一至週五，東部標準時間 (EST) 上午 8:00 至下午 5:30；10 月至 3 月每週 7 天，東部標準時間 (EST) 上午 8:00 至晚上 8:00。會有一位代表爲您提供協助。

اگر به زبان انگلیسی صحبت نمی‌کنید و/یا نمی‌توانید بخوانید، لطفاً با شماره 1-866-242-7726 (TTY 711) تماس بگیرید. ساعات پاسخگویی از دوشنبه تا جمعه، بین ساعات 8:00 AM تا 5:30 PM به وقت EST در ماه‌های آوریل تا سپتامبر، و همه روزه بین ساعات 8:00 AM تا 8:00 PM به وقت EST در ما های اکتبر تا مارس می‌باشد. یک نماینده به شما کمک خواهد کرد.

Si vous ne parlez pas et/ou ne lisez pas l'anglais, veuillez appeler le 1-866-242-7726, TTY 711, entre 8:00am et 5:30pm heure de l'Est, du lundi au vendredi, d'avril à septembre ; et entre 8:00am et 8:00pm heure de l'Est, 7 jours sur 7, d'octobre à mars. Un représentant vous aidera.

Si ou pa pale ak/oswa li angle, tanpri rele 1-866-242-7726, TTY 711, ant 8:00am - 5:30pm EST, lendi - vandredi, mwa avril - septanm; 8:00am - 8:00pm EST, 7 jou pa semèn, mwa oktòb - mas. Yon reprezantan ap ede ou.

यदि आप अंग्रेज़ी नहीं बोल सकते और/या पढ़ नहीं सकते, तो कृपया 1-866-242-7726, TTY 711 पर कॉल करें। अप्रैल से सितंबर तक सोमवार से शुक्रवार, सुबह 8:00 बजे से शाम 5:30 बजे (EST) तक, और अक्टूबर से मार्च तक सप्ताह के सातों दिन, सुबह 8:00 बजे से रात 8:00 बजे (EST) तक कॉल कर सकते हैं। एक प्रतिनिधि आपकी सहायता करेगा।

Yog tias koj tsis paub hais thiab/los sis nyeem tsis tau ntawv Askiv, thov hu rau 1-866-242-7726, TTY 711, thaum 8:00 teev sawv ntxov – 5:30 teev tsaus ntuj lub sij hawm EST, hnub Monday – hnub Friday, lub Plaub Hlis – Cuaj Hli; 8:00 teev sawv ntxov - 8:00 teev tsaus ntuj lub sij hawm EST, 7 hnub hauv ib lub lim tiam, lub Kaum Hli - Lub Peb Hlis. Ib tug neeg sawv cev yuav los pab koj.

Se non parla o legge l'inglese, chiami il numero 1-866-242-7726 (TTY 711), attivo dal lunedì al venerdì, dalle 8:00 alle 17:30 EST, nei mesi da aprile a settembre e attivo tutti i giorni, dalle 8:00 alle 20:00 EST, nei mesi da ottobre a marzo. Un nostro consulente le fornirà assistenza.

英語を話したり読んだりできない場合は、1-866-242-7726、TTY 711 までお電話ください。受付時間：4 月～9 月は月曜日～金曜日、東部標準時午前 8 時～午後 5 時 30 分。10 月～3 月は毎日、東部標準時午前 8 時～午後 8 時です。担当者がお手伝いいたします。

영어를 말하거나 읽을 수 없는 경우, 1-866-242-7726, TTY 711 번으로 4 월-9 월, 월요일-금요일, 오전 8 시-오후 5 시 30 분(동부표준시), 10 월-3 월, 주 7 일, 오전 8 시-오후 8 시(동부표준시) 사이에 전화하십시오. 담당자가 도와드릴 것입니다.

Jeśli nie mówi i/lub nie czyta Pan/Pani w języku angielskim, prosimy zadzwonić pod numer 1-866-242-7726, TTY 711, w godzinach od 8:00 rano do 5:30 wieczorem czasu EST, od poniedziałku do piątku, od kwietnia do września; w godzinach od 8:00 rano do 8:00 wieczorem czasu EST, 7 dni w tygodniu, od października do marca. Przedstawiciel udzieli Panu/Pani pomocy.

Se você não fala ou lê inglês, ligue para 1-866-242-7726, TTY 711, entre 8:00 a.m. e 5:30 p.m. EST, de segunda a sexta-feira entre os meses de abril e setembro, e entre 8:00 a.m. e 8:00 p.m. EST, 7 dias por semana entre os meses de outubro e março. Um representante auxiliará você.

ਜੇਕਰ ਤੁਸੀਂ ਅੰਗਰੇਜ਼ੀ ਬੋਲ ਨਹੀਂ ਸਕਦੇ ਅਤੇ/ਜਾਂ ਪੜ੍ਹ ਨਹੀਂ ਸਕਦੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 1-866-242-7726, TTY 711 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪ੍ਰੈਲ ਤੋਂ ਸਤੰਬਰ ਤੱਕ ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ, ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 5:30 ਵਜੇ (EST) ਤੱਕ, ਅਤੇ ਅਕਤੂਬਰ ਤੋਂ ਮਾਰਚ ਤੱਕ ਹਫਤੇ ਦੇ ਸੱਤੋਂ ਦਿਨ, ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋਂ ਰਾਤ 8:00 ਵਜੇ (EST) ਤੱਕ ਕਾਲ ਕਰ ਸਕਦੇ ਹੋ। ਇੱਕ ਨੁਮਾਇੰਦਾ ਤੁਹਾਡੀ ਮਦਦ ਕਰੇਗਾ।

Если вы не говорите и/или не читаете по–английски, обращайтесь по телефону 1-866-242-7726 (линия TTY: 711) в соответствии со следующим графиком работы: с 8:00am до 5:30pm по восточному времени (EST) с понедельника по пятницу в период с с апреля по сентябрь; с 8:00am до 8:00pm по восточному времени (EST) ежедневно в период с октября по март. Представитель компании окажет вам помощь.

Haddii aadan ku hadlin iyo/ama aadan akhrin Af-Ingirisiga, fadlan wac 1-866-242-7726, TTY 711, inta u dhaxeysa 8:00am – 5:30pm EST, Isniin – Jimce, bilaha Abriil – Setenbar; 8:00am – 8:00pm EST, 7 maalmood isbuucii, bilaha Oktoobar – Maarso. Wakiil ayaa ku caawin doona.

Si no habla o no lee inglés, llame al 1-866-242-7726, TTY 711, de 8:00 a.m. a 5:30 p.m., hora del Este, de lunes a viernes, de abril a septiembre; y de 8:00 a.m. a 8:00 p.m., hora del Este, los 7 días de la semana, de octubre a marzo. Un representante le ayudará.

Kung hindi ka makapagsalita at/o makapagbasa ng Ingles, pakitawagan ang 1-866-242-7726, TTY 711, 8:00am - 5:30pm EST, Lunes - Biyernes, mga buwan ng Abril - Setiembre; 8:00am - 8:00pm EST, 7 araw kada linggo, mga buwan ng Oktubre - Marso. May representative na tutulong sa iyo.

Nếu quý vị không nói và/hoặc đọc tiếng Anh, vui lòng gọi số 1-866-242-7726, TTY 711, 8:00 sáng – 5:30 chiều theo giờ EST, thứ Hai đến thứ Sáu, trong giai đoạn từ tháng 4 đến tháng 9; 8:00 sáng – 8:00 tối theo giờ EST, tất cả các ngày trong tuần, trong giai đoạn từ tháng 10 đến tháng 3. Một nhân viên đại diện sẽ hỗ trợ quý vị.

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Ready to use your extra benefits?

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

Call **1-866-242-7726**, TTY **711**, 8 a.m.-8 p.m.: 7 Days Oct-Mar; 8 a.m.-5:30 p.m. M-F Apr-Sept or visit **myUHC.com/CommunityPlan** for:

- Fitness program: Renew Active®

Prescription drug home delivery
Optum® Home Delivery Pharmacy
1-877-889-6358
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Solutran
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Call toll-free **1-844-560-4944**, TTY **711**
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Important plan information

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