2026 Enrollment Guide

UHC Dual Complete HI-Y1 (PPO D-SNP)

H6824-002-000

Service area: Hawaii - Hawaii, Honolulu, Kalawao, Kauai, Maui counties

United Healthcare®
Dual Complete

HI-Y1
FBDE, QMB+, SLMB+

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

You've got plans. So do we. Medicare plans from 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 Medicare 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. You can also see out-of-network providers if they accept Medicare and the plan, but keep in mind your costs may be higher.

Here's how this PPO D-SNP plan works

Select a primary care provider to oversee and help manage your care. You're not limited to this PCP, but it's beneficial for your long term health and well-being.

$0 covered services when received in-network. Look at the Summary of Benefits to find out what services are covered.

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

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 Evidence of Coverage for a list of all covered services.

Scan this code to view the drug list

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Benefit Highlights

UHC Dual Complete HI-Y1 (PPO D-SNP)

This is a short description of your 2026 plan benefits. The values shown in-network are for those with Medicare Parts A and B cost sharing that may be covered by the state. Cost share may vary depending on your individual Medicaid eligibility. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan costs	
If you have full Medicaid benefits, you will pay $0 for your Medicare-covered services. If your eligibility for Medicaid or "Extra Help" changes, your cost sharing and premium may change.	
Monthly plan premium	$0
Annual out-of-pocket maximum (the most you may pay in a year for covered medical care)	$0 combined in and out-of-network

Plan benefits		
	In-network	**Out-of-network**
Doctor's office visit		
Primary care provider (PCP)	$0 copay	$0 copay
Specialist	$0 copay (no referral needed)	$0 copay (no referral needed)
Virtual visits	$0 copay to talk with a network telehealth provider online through live audio and video	
Preventive services	$0 copay	$0 copay
Inpatient hospital care	$0 copay per stay for unlimited days	$0 copay per stay for unlimited days
Skilled nursing facility (SNF)(Stay must meet Medicare coverage criteria)	$0 copay per day: days 1-100	$0 copay per day: days 1-100
Outpatient hospital, including surgery	$0 copay	$0 copay

Plan benefits		
	In-network	**Out-of-network**
Outpatient mental health		
Group therapy	$0 copay	$0 copay
Individual therapy	$0 copay	$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	$0 copay
Prosthetics (e.g., braces, artificial limbs)	$0 copay	$0 copay
Diabetes monitoring supplies	$0 copay for covered brands	$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	$0 copay	$0 copay
Diagnostic tests and procedures (non-radiological)	$0 copay	$0 copay
Lab services	$0 copay	$0 copay
Outpatient x-rays	$0 copay	$0 copay
Ambulance	$0 copay for ground or air	$0 copay for ground or air
Emergency care	$0 copay (worldwide)	
Urgently needed services	$0 copay (worldwide)	

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

Additional plan benefits		
	In-network	**Out-of-network**
Routine physical	$0 copay, 1 per year*	40% coinsurance, 1 per year*

Additional plan benefits			
		In-network	**Out-of-network**
Routine dental benefits	Preventive and comprehensive services	$2,500 allowance for all covered dental services* $0 copay for covered preventive and comprehensive services like cleanings, fillings, crowns, bridges and dentures □ No annual deductible □ Access to one of the largest national dental networks □ Freedom to see any dentist	
Fitness program		$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 and premium 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	
Routine transportation		$0 copay for 24 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies*	75% coinsurance*
Foot care - routine		$0 copay, 4 visits per year*	30% coinsurance, 4 visits per year*
Routine chiropractic services		$0 copay, 20 visits per year*	30% coinsurance, 20 visits per year*
Routine acupuncture services		$0 copay, 20 visits per year*	30% coinsurance, 20 visits per year*

Additional plan benefits		
	In-network	**Out-of-network**
OTC, healthy food, utilities + wellness support	$132.50 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 □If you use an out-of-network provider for in-home services, weight management coaching or respite care, you pay 75% coinsurance	
Rewards	Earn up to $165 in rewards when you get started in January[Ω]	

*Benefits are combined in and out-of-network

Prescription drugs	
Deductible	$0
Drug coverage	**30-day or 100-day supply from retail or mail order network pharmacy**
All covered drugs[1]	$0 copay (Some covered drugs are limited to a 30-day supply)

[1] You pay a maximum of $0 for each 1-month supply of Part D covered insulin.

Scan this code to view your Summary of Benefits

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 chronic conditions not listed.

ΩMedicare 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. Rewards expire 1 month after Medicare Advantage plan terminates. This doesn't impact you while you're enrolled in your current plan or if you switch to another UnitedHealthcare Medicare Advantage plan.

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

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Summary of Benefits 2026

UHC Dual Complete HI-Y1 (PPO D-SNP)
H6824-002-000

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

MyUHC.com/CommunityPlan

Toll-free **1-844-560-4944,** TTY **711**
8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept

United Healthcare®

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Introduction

This document is a brief summary of the benefits and services covered by UHC Dual Complete HI-Y1 (PPO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of UHC Dual Complete HI-Y1 (PPO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the **Evidence of Coverage.**

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If you have questions, please call UHC Dual Complete HI-Y1 (PPO D-SNP) at **1-866-622-8054** and TTY **711,** 7:45 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information,** visit **MyUHC.com/CommunityPlan.**

A. Disclaimers

This is a summary of health services covered by UHC Dual Complete HI-Y1 (PPO D-SNP) for January 1, 2026–December 31, 2026. This is only a summary. Please read the **Evidence of Coverage** for the full list of benefits at MyUHC.com/CommunityPlan or call Customer Service for help.

- UHC Dual Complete HI-Y1 (PPO D-SNP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- 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 (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- For more information about UHC Dual Complete HI-Y1 (PPO D-SNP), you can check the Med-QUEST Division's website medquest.hawaii.gov/en/members- applicants/Dual-Eligible-Special-Needs-Plan or contact the Med-QUEST Division's Office of the Ombudsman at 1-888-488-7988 toll-free, 711 TTY, Monday through Friday 7:45 a.m.–4:30 p.m. (excluding State holidays).
- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-866-622-8054 and 711 7:45 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free.
- To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, call **UHC Dual Complete HI-Y1 (PPO D-SNP).**

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

Routine dental benefits

If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Provider network may vary in local market. Dental network size based on Zelis Network360, May 2025.

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 timeframes. Review your Evidence of Coverage (EOC) 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.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently asked questions	Answers
What's an integrated D-SNP?	An integrated D-SNP is a health plan that contracts with both Medicare and Med-QUEST Division to provide Medicare and Medicaid services to enrollees. An integrated D-SNP combines your doctors, hospital, pharmacies, home care, nursing home care, and other health care providers into one coordinated care system. It also has care coordinators to help you manage all your providers and services. They all work together to provide the care you need.
Will I get the same Medicare and Medicaid benefits in UHC Dual Complete HI-Y1 (PPO D-SNP) that I get now?	You'll get most of your covered Medicare and Medicaid benefits directly from UHC Dual Complete HI-Y1 (PPO D-SNP). You'll 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 Community Care Services (CCS) or through Hawaii's Department of Health's Developmental Disabilities Division (DDD), Adult Mental Health Division (AMHD) and Child and Adolescent Mental Health Division (CAMHD), if applicable. When you enroll in UHC Dual Complete HI-Y1 (PPO D-SNP), you and your care team will work together to develop an Individual Plan of Care 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 Complete HI-Y1 (PPO 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 Complete HI-Y1 (PPO D-SNP) to cover your drug if medically necessary. For more information, call Member Services 1-866-622-8054 and 711 or at the numbers listed at the bottom of this page.

If you have questions, please call UHC Dual Complete HI-Y1 (PPO D-SNP) at **1-866-622-8054** and TTY **711,** 7:45 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information,** visit **MyUHC.com/CommunityPlan.**

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 Complete HI-Y1 (PPO 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 members of our plan and provide services our plan covers. **You must use the providers in UHC Dual Complete HI-Y1 (PPO D-SNP)'s network.** 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 Complete HI-Y1 (PPO D-SNP)'s plan. • If you're currently under treatment with a provider that's out of UHC Dual Complete HI-Y1 (PPO D-SNP)'s network or have an established relationship with a provider that's out of UHC Dual Complete HI-Y1 (PPO D-SNP)'s network, call Member Services to check about staying connected. To find out if your providers are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read UHC Dual Complete HI-Y1 (PPO D-SNP)'s Provider and Pharmacy Directory on the plan's website at MyUHC.com/CommunityPlan. If UHC Dual Complete HI-Y1 (PPO 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 Complete HI-Y1 (PPO D-SNP) care coordinator?	A UHC Dual Complete HI-Y1 (PPO D-SNP) care coordinator 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.

If you have questions, please call UHC Dual Complete HI-Y1 (PPO D-SNP) at **1-866-622-8054** and TTY **711,** 7:45 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information,** visit **MyUHC.com/CommunityPlan.**

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.
What happens if I need a service but no one in UHC Dual Complete HI-Y1 (PPO 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 Complete HI-Y1 (PPO D-SNP) will pay for the cost of an out-of-network provider.
Where's UHC Dual Complete HI-Y1 (PPO D-SNP) available?	The service area for this plan includes: Hawaii, Honolulu, Kalawao, Kauai, Maui, HI. You must live in one of these areas to join the plan. Call Member 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 Complete HI-Y1 (PPO 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 Complete HI-Y1 (PPO 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 Complete HI-Y1 (PPO 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 Complete HI-Y1 (PPO D-SNP) before the service is provided. Refer to **Chapter 3** of the **Evidence of Coverage** to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the **Evidence of Coverage** 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 Member Services at the numbers listed at the bottom of this page for help.

If you have questions, please call UHC Dual Complete HI-Y1 (PPO D-SNP) at **1-866-622-8054** and TTY **711,** 7:45 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information,** visit **MyUHC.com/CommunityPlan.**

Frequently asked questions	Answers
What's a referral?	A referral means that your care team must give you approval to go to someone that isn't your PCP. A referral is different than a prior authorization. If you don't get a referral from your care team, UHC Dual Complete HI-Y1 (PPO D-SNP) may not cover the services. UHC Dual Complete HI-Y1 (PPO D-SNP) can provide you with a list of services that require you to get a referral from your care team before the service is provided. Refer to the **Evidence of Coverage** to learn more about when you'll need to get a referral from your care team.
Do I pay a monthly amount (also called a premium) under UHC Dual Complete HI-Y1 (PPO D-SNP)?	No. Because you have Medicaid you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of UHC Dual Complete HI-Y1 (PPO D-SNP)?	Your medical deductible is $0 or $283 combined in and out-of-network.
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of UHC Dual Complete HI-Y1 (PPO D-SNP)?	There's no cost sharing for medical services in UHC Dual Complete HI-Y1 (PPO D-SNP), so your annual out-of-pocket costs will be $0. The maximum out-of-pocket that you will pay each year from is $0 or $13,900 for Medicare covered services and supplies received from any out-of-network provider.

If you have questions, please call UHC Dual Complete HI-Y1 (PPO D-SNP) at **1-866-622-8054** and TTY **711,** 7:45 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information,** visit **MyUHC.com/CommunityPlan.**

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 problem	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	$0	Out-of-network: $0 copay or $1,935 copay per stay Except in an emergency, your health care provider must tell the plan of your hospital admission. May require your provider to get prior authorization from the plan for in-network benefits.
	Outpatient hospital services, including observation	$0	Out-of-network: $0 copay or 40% coinsurance May require your provider to get prior authorization from the plan for in-network benefits.
	Ambulatory surgical center (ASC) services	$0	Out-of-network: $0 copay or 40% coinsurance May require your provider to get prior authorization from the plan for in-network benefits.
	Doctor or surgeon care	$0	May require your provider to get prior authorization from the plan for in-network benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You want a doctor	Visits to treat an injury or illness	$0	
	Virtual Medical Visits	$0	Talk with a network telehealth provider online through live audio and video.
	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	Out-of-network: $0 copay or 40% coinsurance, 1 per year
	"Welcome to Medicare" (preventive visit one time only)	$0	
	Specialist care	$0	Out-of-network: $0 copay or 30% coinsurance May require your provider to get prior authorization from the plan for in-network benefits.
You need emergency care	Emergency room services	$0 (worldwide) per visit	For emergency and urgent care services, prior authorization is not required for out-of-network providers.
	Urgent care	$0 (worldwide) per visit	Urgent care services must be provided OON and without prior authorization requirements.

If you have questions, please call UHC Dual Complete HI-Y1 (PPO D-SNP) at **1-866-622-8054** and TTY **711,** 7:45 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information,** visit **MyUHC.com/CommunityPlan.**

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	Out-of-network: $0 copay or 40% coinsurance May require your provider to get prior authorization from the plan for in-network benefits.
	Lab tests and diagnostic procedures, such as blood work	$0	Out-of-network: $0 copay or 40% coinsurance May require your provider to get prior authorization from the plan for in-network benefits.
You need hearing/ auditory services	Hearing screenings	$0	Out-of-network: $0 copay or 30% coinsurance May require your provider to get prior authorization.
	Hearing aids	$0	May require your provider to get prior authorization.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need dental care	Preventative and comprehensive services	$0	$2,500 allowance for all covered dental services $0 copay for covered preventive and comprehensive services like cleanings, fillings, crowns, bridges and dentures • No annual deductible • Access to one of the largest national dental networks • Freedom to see any dentist Benefit is combined in and out-of-network May require your provider to get prior authorization from the plan for in network benefits.
	Restorative and emergency dental care	$0	May require your provider to get prior authorization from the plan for in-network benefits.
You need eye care	Eye exams	$0	Out-of-network: $0 copay or 30% coinsurance May require your provider to get prior authorization.
	Glasses or contact lenses	$0	
	Other vision care	$0	

If you have questions, please call UHC Dual Complete HI-Y1 (PPO D-SNP) at **1-866-622-8054** and TTY **711,** 7:45 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information,** visit **MyUHC.com/CommunityPlan.**

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need behavioral health services	Behavioral health services	$0	For specialized behavioral health services, see Community Care Services (CCS) in Section D. CCS provides specialized behavioral health services to eligible adult Medicaid members with severe mental illness (SMI) and/or severe and persistent mental illness (SPMI).
	Inpatient and outpatient care and community-based services for people who need behavioral health services	$0	For specialized behavioral health services, see Community Care Services (CCS) in Section D. CCS provides specialized behavioral health services to eligible adult Medicaid members with severe mental illness (SMI) and/or severe and persistent mental illness (SPMI).
	Virtual mental health visits	$0	Talk with a network telehealth provider online through live audio and video
You need substance use disorder services	Substance use disorder services	$0	May require your provider to get prior authorization from the plan for in-network benefits. Out-of-network: $0 copay or 30% coinsurance

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need a place to live with people available to help you	Skilled nursing care (SNF) Our plan covers up to 100 days in a SNF.	$0 copay per day: days 1–100	$0 copay per day: days 1–100, or $0 copay per day: days 1–20 $217 copay per day: days 21–100 May require your provider to get prior authorization.
	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	$0	Out-of-network: $0 copay or 30% coinsurance
You need help getting to health services	Ambulance services	$0	$0 copay or 20% coinsurance for ground $0 copay or 20% coinsurance for air Your provider must obtain prior authorization for non-emergency transportation
	Transportation to medical appointments and services	$0	$0 copay for 24 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies Out-of-network: 75% coinsurance Benefit is combined in and out-of-network

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
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 Evidence of Coverage for more information on these drugs. Out-of-network: $0 copay or 20% coinsurance May require your provider to get prior authorization from the plan for in-network benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Medicare Part D drugs	$0 Some covered drugs are limited to a 30-day supply.	There may be limitations on the types of drugs covered. Please refer to UHC Dual Complete HI-Y1 (PPO D-SNP)'s **List of Covered Drugs (Drug List)** for more information. You will pay $0 for each 1-month supply of Part D covered insulin drugs. 30-day or 100-day supply from a retail or mail order 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. You pay a maximum of $0 for each 1-month supply of Part D covered insulin.
	Over-the-counter (OTC) drugs	$0	There may be limitations on the types of drugs covered. Please refer to UHC Dual Complete HI-Y1 (PPO D-SNP)'s **List of Covered Drugs (Drug List)** for more information.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need help getting better or have special health needs	Rehabilitation services	$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Medical equipment for home care	$0	Out-of-network: $0 copay or 20% coinsurance May require your provider to get prior authorization from the plan for in-network benefits.
	Dialysis services	$0	May require your provider to get prior authorization from the plan for in-network benefits. Out-of-network: $0 copay or 20% coinsurance
You need foot care	Podiatry services	$0	May require your provider to get prior authorization from the plan for in-network benefits. Out-of-network: 30% coinsurance, 4 visits per year
	Orthotic services	$0	May require your provider to get prior authorization.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions and 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 Member Services or refer to **Chapter 4** of the Evidence of Coverage.	Wheelchairs, crutches, and walkers	$0	Out-of-network: $0 copay or 20% coinsurance May require your provider to get prior authorization from the plan for in-network benefits.
	Nebulizers	$0	Out-of-network: $0 copay or 20% coinsurance
	Oxygen equipment and supplies	$0	Out-of-network: $0 copay or 20% coinsurance
You need help living at home	Home health services	$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Home maintenance such as grab bars and ramps	$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Adult day health, adult day care, or other support services	$0	
	Personal care attendant services	$0	
Additional services (continued on next page)	Chiropractic services	$0	20 visits per year Out-of-network: $0 copay or 30% coinsurance Benefit is combined in and out-of-network May require your provider to get prior authorization from the plan for in-network benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional services (continued)	Routine acupuncture services	$0	20 visits per year, Out-of-network: 30% coinsurance Benefits are combined in and out-of-network
	Diabetes supplies and services	$0	Out-of-network: $0 copay or 20% coinsurance 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	May require your provider to get prior authorization from the plan for in-network benefits.
	Radiation therapy	$0	May require your provider to get prior authorization. Out-of-network: $0 copay or 20% coinsurance
	Services to help manage your disease	$0	

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional services (continued)	Food, over-the-counter (OTC) and utility bill credit	$0	$132.50 credit every month to pay for OTC products, healthy food and utility bills, amount expires monthly • Choose from thousands of OTC products, like first aid, pain relievers and more • Buy healthy foods like fruits and vegetables, meat, seafood, dairy products and water • Pay home utility bills like electricity, heat, water and internet • Shop at thousands of participating stores, including Walmart, Walgreens, Dollar General and Kroger, or at neighborhood stores near you • Get wellness support including in-home services, weight management coaching, respite care, select fitness items and more • If you use an out-of-network provider for in-home services, weight management coaching or respite care, you pay 75% coinsurance

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 Complete HI-Y1 (PPO D-SNP) Evidence of Coverage. If you don't have an Evidence of Coverage, call UHC Dual Complete HI-Y1 (PPO D-SNP) Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit MyUHC.com/CommunityPlan.

D. Benefits covered outside of UHC Dual Complete HI-Y1 (PPO D-SNP)

There are some services that you can get that aren't covered by UHC Dual Complete HI-Y1 (PPO D-SNP) but are covered by Medicare, Medicaid, or a State or county agency. This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
Dental Services	$0 If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share. In some situations, Medicaid may pay your Medicare cost sharing amount.
Intellectual and developmental disabilities home and community-based services Medicaid waiver program (Hawaii's Department of Health's Developmental Disabilities Division)	$0
State of Hawaii Organ and Tissue Transplant (SHOTT)	$0
Certain hospice care services covered outside of UHC Dual Complete HI-Y1 (PPO D-SNP)	$0
Specialized behavioral health services by the Community Care Services (CCS) Program Specialized behavioral health services are provided by the Community Care Services (CCS) program. This program provides intensive behavioral health services, in addition to basic behavioral health services covered by Medicaid health plans, to adults diagnosed with a qualifying serious mental illness (SMI) and/or a serious and persistent mental illness (SPMI). These adults must be enrolled in a Medicaid health plan and meet CCS eligibility criteria as determined by Med-QUEST Division (MDQ)	$0

E. Services that UHC Dual Complete HI-Y1 (PPO D-SNP), Medicare, and Medicaid don't cover

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

Services UHC Dual Complete HI-Y1 (PPO D-SNP), Medicare, and Medicaid don't cover
Cosmetic surgery or procedures.
Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television
Services not considered "reasonable and necessary" according to standards of Medicare and Medical Assistance

F. Your rights as a member of the plan

As a member of UHC Dual Complete HI-Y1 (PPO 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 Evidence of Coverage. 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 coordinator

- **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 Complete HI-Y1 (PPO 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 **UHC Dual Complete HI-Y1 (PPO D-SNP)** at 1-866-622-8054 and TTY 711. The **UHC Dual Complete HI-Y1 (PPO D-SNP)** website MyUHC.com/CommunityPlan has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online.

If you have questions, please call UHC Dual Complete HI-Y1 (PPO D-SNP) at **1-866-622-8054** and TTY **711,** 7:45 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information,** visit **MyUHC.com/CommunityPlan.**

- – Ask for an IMR of Medicaid services or items that are medical in nature
- – Appeal certain decisions made by UHC Dual Complete HI-Y1 (PPO D-SNP)
- – Ask for a State Administrative Hearing for appeals not resolved wholly in your favor
- – Get a detailed reason for why services were denied

For more information about your rights, you can read the **Evidence of Coverage.** If you have questions, you can call UHC Dual Complete HI-Y1 (PPO D-SNP) Member Services at the numbers listed at the bottom of this page.

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

If you have a complaint or think UHC Dual Complete HI-Y1 (PPO D-SNP) should cover something we denied, call Member Services at 1-866-622-8054 and TTY 711 or 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 **Evidence of Coverage.** You can also call UHC Dual Complete HI-Y1 (PPO D-SNP) Member Services at **1-866-622-8054** and TTY **711** or at the numbers listed at the bottom of this page.

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 pharmacy is doing something wrong, please contact us.

- Call us at UHC Dual Complete HI-Y1 (PPO D-SNP) Member Services. Phone numbers are listed at the bottom of this page.
- Or call the Medicaid Customer Service Center at 1-808-586-5390. 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 Member ID Cards, please call UHC Dual Complete HI-Y1 (PPO D-SNP) Member Services:

Call **1-866-622-8054**

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

TTY **711**

Calls to this number are free. 7:45 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept.

If you have questions about your health:

Call your care team. Follow your care team's instructions for getting care when the office is closed. If your care team's office is closed, you can also call **1-866-622-8054.** A nurse will listen to your problem and tell you how to get care.

UHC Dual Complete HI-Y1 (PPO D-SNP) also has free language interpreter services available for non-English speakers.

TTY **711**

Calls to this number are free. 7:45 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept.

If you need immediate behavioral health care, please call the Behavioral Health Crisis Line:

Call **1-866-622-8054**

UHC Dual Complete HI-Y1 (PPO D-SNP) also has free language interpreter services available for non-English speakers.

TTY **711**

Calls to this number are free. 7:45 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept.

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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**
- Your state Medicaid office or visit **medicaid.gov**

Resources for caregivers

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

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

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, Evidence of Coverage 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?
This plan includes a network of quality doctors, hospitals, and other providers, designed to help you get the care you need.

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 Evidence of Coverage online.

You're eligible to enroll if:

You're enrolled in Original Medicare Parts A and B

You receive state Medicaid benefits through QUEST

You're enrolled in UnitedHealthcare Community Plan for Medicaid

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 Complete HI-Y1 (PPO 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**, 7:45 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 a member, 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 member site. And our UnitedHealthcare UCard® makes it easier than ever to open doors to all your Medicare Advantage 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 member 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 Evidence of Coverage
- 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
- Schedule your yearly in-home preventive care visit with Optum® HouseCalls. Visit **UHCHouseCalls.com** to learn more
- Review UCard balances

Thank you for choosing UnitedHealthcare

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

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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.

United Healthcare® Dual Complete

2026 Enrollment Request Form

☐ **UHC Dual Complete HI-Y1 (PPO D-SNP) H6824-002-000**

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 _____

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**, 7:45 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 aren't limited to this list. You may go to any doctor who accepts Medicare and the plan's payment terms.

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

Enrollee name _____

Agent name/ID number _____

(also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor UnitedHealthcare will pay for benefits or services that are not covered.

- ☐ I understand that I can be enrolled in only one Medicare Advantage (MA) plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA Private Fee-for-Service (PFFS), MA Medicare Medical Savings Account (MSA) plans).
- ☐ **Release of information:** By joining this Medicare Advantage Plan, I acknowledge that the plan will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- ☐ I give UnitedHealthcare permission to share my protected health information with organizations or person(s) for permissible purposes under applicable law as required to administer my health plan.
- ☐ 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 Customer Service at the number on my UnitedHealthcare UCard to update my authorization information on file.

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

_____

If you are the authorized representative, please sign above and complete the information below (*Not a Sales Agent)

Last name	First name	
Address		
City	State	Zip code
Phone number ( ) —	Relationship to applicant	

Enrollee name _____

Agent name/ID number _____

For individuals helping enrollee with completing this form only

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 Complete HI-Y1 (PPO D-SNP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.

OMB No. 0938-1378
Expires: 12/31/2026

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.
- ✔ Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ✔ Review the Formulary to make sure your drugs are covered.

Understanding important rules

- ✔ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medicaid or another third party. This premium is normally taken out of your Social Security check each month.
- ✔ Benefits may change on January 1 of each year.
- ✔ Our plan allows you to see providers outside of our network (non-contracted providers). Check the EOC to see which out-of-network services are covered on this plan. However, while we will pay for covered services the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care.
- ✔ Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage 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: MPDCSHI

We're here to help. If you have additional questions, please call Customer Service toll-free at **1-844-560-4944**, TTY **711**, 7:45 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.

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Important information: 2026 Medicare star ratings

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

UnitedHealthcare - H6824

For 2026, UnitedHealthcare - H6824 received the following Star Ratings from Medicare:

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

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

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

Why Star Ratings are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

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

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

The number of stars shows how well a plan performs.

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

Get More Information on Star Ratings Online

Compare Star ratings for this and other plans online at **medicare.gov/plan-compare**.

Questions about this plan?

Contact UnitedHealthcare 7 days a week from 8:00 a.m. to 8:00 p.m. Local time at **888-834-3721** (toll-free) or **711** (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Local time. Current members please call **866-622-8054** (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

ATTENTION: Free language assistance services and free communications in other formats, such as large print, and auxiliary aids are available to you. Call member services at 1-800-980-8728, TTY 711.

ATENSYON: Available para kanimo ang mga serbisyo sa libre nga tabang sa sinultihan ug libre nga komunikasyon sa ubang mga pormat, sama sa dako nga imprinta, ug auxillary nga mga panabang. Tawagi ang mga serbisyo sa myembro sa 1-800-980-8728, TTY 711.

请注意：您可以获得免费的语言协助服务、免费的其他格式材料例如大字版与辅助服务。请致电会员服务部，电话 1-800-980-8728，听力语言残障服务专线 (TTY) 711。

請注意：您可以獲得免費的語言協助服務、免費的其他格式資料例如大字版與輔助服務。請致電會員服務部，電話 1-800-980-8728，聽力語言殘障服務專線 (TTY) 711。

ASINEI NGENI MEINISIN: Iwe mi wor áninnisin kapasen fénúwomw ewe, ekkóóch mettóóch kosapw mééni ómw kopwe ánisi ngonuk, áweewe ren pwóróus epwe mesemwóng makkan, pwan ekkóóch sakkopaaten peekin áninnis. Kopwe Kékkééri Ekkewe Peekin Áninnis Mi Kawor Fáániten Méénún Ewe Neeni/Ámwiicheichan Aramas (Member Services) wóón nampaan tengewa 1-800-980-8728, TTY 711.

E nānā! Hiki iā ʻoe ke komo i nā lawelawe kōkua ʻōlelo manuahi, nā mea manuahi ma nā ʻano like ʻole, e like me ka paʻi nui, a me nā lawelawe kōkua. Kāhea i nā lawelawe lālā ma 1-800-980-8728, TTY 711.

ATENSION: Available para kenka ti libre a serbisio iti lengguahe, libre a material iti sabali a format, kas iti dadakkel a letra, ken kanayonan a serbisio. Tawagam ti Serbisio iti Miembro iti 1-800-980-8728, TTY 711.

注：無料の言語支援サービスや、拡大文字など他の形式での無料の資料、補助サービスをご利用いただけます。メンバーサービス、1-800-980-8728、TTY 711 までお電話でお問い合わせください。

알림 사항: 언어 지원 서비스와 큰 글씨 등 다른 형식의 안내 자료, 보조 서비스를 무료로 이용하실 수. 회원 서비스에 1-800-980-8728, TTY 711 번으로 문의하십시오.

ໝາຍເຫດ: ທ່ານມີການເຂົ້າເຖິງການບໍລິການການຊ່ວຍເຫຼືອພາສາໂດຍບໍ່ເສຍຄ່າ, ອຸປະກອນການຟຣີໃນຮູບແບບອື່ນໆ, ເຊັ່ນ: ການພິມຂະຫນາດໃຫຍ່, ແລະການບໍລິການຊ່ວຍເຫຼືອ. ໂທຫາ Member Services ທີ່ 1-800-980-8728, TTY 711.

KŌJELLĀ: Ejjelok wōnāān jerbalin jipañ ko ikkijjien kajin im ejjelok wōnāān wāween ko jet ikkijjien kōnono, āinwōt jeje ko relap, menin jipañ ko jet rej pellok ñan eok. Kall e jikin jipañ ro uwaan ilo 1-800-980-8728, TTY 711.

FA'AALIGA: E mafai ona e maua fua auaunaga fesoasoani i le gagana, mea e maua fua i isi faatulagaga, e pei o tusitusiga tetele, ma auaunaga fesoasoani. Fa'afeso'ota'i le Auaunaga a Sui Usufono i 1-800-980-8728, TTY 711.

ATENCIÓN: tiene a su disposición servicios gratuitos de asistencia con el idioma, materiales gratuitos en otros formatos como letra grande y servicios auxiliares. Llame a Servicio al Cliente al 1-800-980-8728, TTY 711.

PAUNAWA: May makukuha kang libreng serbisyo ng tulong sa wika, libreng materyal sa ibang format, tulad ng malalaking letra, at mga karagdagang serbisyo. Tumawag sa Serbisyo sa Miyembro sa 1-800-980-8728, TTY 711.

โปรดทราบ คุณจะเข้าถึงบริการช่วยเหลือด้านภาษาได้ฟรี สื่อฟรีในรูปแบบอื่นๆ เช่น ตัวอักษรขนาดใหญ่ และบริการเสริมต่างๆ โทรติดต่อฝ่ายบริการสมาชิกที่หมายเลข 1-800-980-8728, TTY 711

FAKATOKANGA: 'Oku ke ma'u ha faingamalie ki ha sevesi liliulea ta'etotongi, naunau ta'etotongi 'i ha founga kehekehe, hange ko ha matalalahi e tohi, mo ha toe ngaahi sevesi tokoni. Taa ki he Sevesi Kau Memipa he 1-800-980-8728, TTY 711.

LƯU Ý: Quý vị có thể nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hình thức giao tiếp miễn phí khác, chẳng hạn như bản in cỡ chữ lớn và các phương tiện hỗ trợ bổ sung. Hãy gọi cho ban Dịch vụ Hội viên theo số 1-800-980-8728, TTY 711.

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Ready to use your extra benefits?

UHC Dual Complete HI-Y1 (PPO D-SNP)

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

Call **1-866-622-8054**, TTY **711**, 7:45 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept or visit **myUHC.com/CommunityPlan** for:

- ☐ Routine dental benefits: UnitedHealthcare Dental
- ☐ Fitness program: Renew Active®

Routine acupuncture and chiropractic services

OptumHealth Care Solutions, LLC (Optum®)
1-866-785-1654
myUHC.com/CommunityPlan

Routine transportation

MTM
1-888-777-3844
https://mtm.mtmlink.net

Prescription drug home delivery

Optum® Home Delivery Pharmacy
1-877-889-6358
myUHC.com/CommunityPlan

OTC, healthy food, utilities + wellness support

Solutran
1-833-853-8587
myUHC.com/CommunityPlan

UnitedHealthcare has more than 45 years of experience serving members.
You can count on UnitedHealthcare to be there for you every step of the way.

Click. Call. Connect.

Download the UnitedHealthcare app

UHC.com/CommunityPlan

Call toll-free **1-844-560-4944**, TTY **711**
7:45 a.m.-8 p.m. local time, 7 days a week

Scan this code to download the UnitedHealthcare app

Important plan information

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