2026 Enrollment Guide

UHC One Care MA-Y3 (HMO D-SNP)
UHC One Care MA-Y4 (HMO D-SNP)

H4610-001-000
H4610-002-000

Service area: Massachusetts - Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester counties

United Healthcare Community Plan

MA-Y3 QMB+, SLMB+
MA-Y4 QMB+, SLMB+ with nursing facility level of care

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

The One Care plan from UnitedHealthcare is a Coordinated Care plan that combines your MassHealth Standard or CommonHealth and Original Medicare benefits into one plan. It has a network of quality doctors, hospitals, pharmacies and other local providers, designed to help you get the care you need.

Here's how this HMO D-SNP plan works

Select a network 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.

No out-of-pocket costs for covered drugs or other approved health care benefits from network providers. If you get care from a provider out of the network, you may have to pay the full cost yourself.

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 medically necessary dental coverage at no cost to you.

Get support from your care coordinator who can make appointments, arrange transportation services and help you get the most out of your plan.

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 Member Handbook for a list of all covered services.

Scan this code to view the drug list

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Benefit Highlights

UHC One Care MA-Y3 (HMO D-SNP)

UHC One Care MA-Y4 (HMO D-SNP)

This is a short description of your 2026 plan benefits. The values shown 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 Member Handbook. 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 may change.	
Monthly plan premium	$0

Plan benefits	
Doctor's office visit	
Primary care provider (PCP)	$0
Specialist	$0 (referral needed)
Virtual visits	$0 to talk with a network telehealth provider online through live audio and video
Preventive services	$0
Inpatient hospital care	$0 per stay
Skilled nursing facility (SNF)(Stay must meet Medicare coverage criteria)	$0 per day: days 1-100
Outpatient hospital, including surgery	$0
Outpatient mental health	
Group therapy	$0
Individual therapy	$0
Virtual visits	$0 to talk with a network telehealth provider online through live audio and video

Plan benefits	
Durable medical equipment (DME) and related supplies	
DME (e.g., wheelchairs, oxygen)	$0
Prosthetics (e.g., braces, artificial limbs)	$0
Diabetes monitoring supplies	$0 for covered brands
Diagnostic radiology services (such as MRIs, CT scans)	$0
Diagnostic tests and procedures (non-radiological)	$0
Lab services	$0
Outpatient x-rays	$0
Ambulance	$0 for ground or air
Emergency care	$0
Urgently needed services	$0

Additional plan benefits	
Rewards	Earn up to $165 in rewards when you get started in January[Ω]

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

[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. 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.

UHC One Care is a Dual Special Needs Plan (D-SNP) that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees. Enrollment in the plan depends on the plan's contract renewal with Medicare. This plan is a voluntary program that is available to anyone age 21-64 who qualifies for MassHealth Standard or CommonHealth and Original Medicare and does not have any other comprehensive health insurance, except Medicare.

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Summary of Benefits 2026

UHC One Care MA-Y3 (HMO D-SNP)
UHC One Care MA-Y4 (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.

UHCCommunityPlan.com

Toll-free **1-866-633-4454**, TTY **711**
8 a.m.–8 p.m. local time, 7 days a week

United Healthcare®
Community Plan

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Introduction

This document is a brief summary of the benefits and services covered by UHC One Care MA-Y3 (HMO D-SNP) and UHC One Care MA-Y4 (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 a member of UHC One Care. Key terms and their definitions appear in alphabetical order in the last chapter of the **Member Handbook**.

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A. Disclaimers

This is a summary of health services covered by UHC One Care for 2026. This is only a summary. Please read the **Member Handbook** for the full list of benefits. Call Member Services to get a **Member Handbook** or view it on the **UHCCommunityPlan.com** website.

- UHC One Care (HMO D-SNP) is a Dual Special Needs Plan (D-SNP) that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- It is for people with both Medicare and MassHealth (Standard) ages 21 through 64 at the time of enrollment and does not have any other comprehensive health insurance, except 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 MassHealth (Medicaid), you can contact the Office of the Ombudsman by phone at 1-855-781-9898 (Toll Free), videophone (VP) users may call (339) 224-6831, Monday–Friday, 9 a.m.–4p.m.
- ATTENTION: If you speak Spanish or other languages, language assistance services, free of charge, are available to you. Call the Member Services at 1-866-633-4454, TTY 711, 8 a.m.–8 p.m. local time, 7 days a week. The call is free.
- ATENCIÓN: Si habla en español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-866-633-4454, TTY 711, 8 a.m.–8 p.m. local time, 7 days a week. La llamada es gratuita.
- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-866-633-4454, TTY 711, 8 a.m.–8 p.m. local time, 7 days a week. The call is free.
- You can call the Member Services and ask us to make a note in our system that you would like materials in Spanish, large print, braille, or audio now and in the future.
- We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.
- Out-of-network/non-contracted providers are under no obligation to treat UHC One Care members, except in emergency situations. Please call our Member Engagement Center number or see your **Member Handbook** for more information, including the cost-sharing that applies to out-of-network services. Once Care members have $0 costs.
- **Rewards Program:** Reward offerings may vary by plan and are not available in all plans. Reward program terms of service apply.
- Under UHC One Care (HMO D-SNP) you can get your Medicare and MassHealth (Medicaid) services in one health plan called a One Care plan. A UHC One Care (HMO D-SNP) Care Coordinator will help manage your health care needs.

If you have questions, please call UHC One Care at **1-866-633-4454** (TTY **711**), 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information,** visit **UHCCommunityPlan.com**.

- **Estate Recovery Awareness:** MassHealth (Medicaid) is required by federal law to recover money from the estates of certain MassHealth (Medicaid) members who are age 55 years or older, and who are any age and are receiving long-term care in a nursing home or other medical institution. For more information about MassHealth (Medicaid) estate recovery, please visit mass.gov/estaterecovery.
- UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities.
- We provide free services to help you communicate with us such as letters in other languages, large print, or you can ask for an interpreter. To ask for help, please call 1-866-633-4454, TTY 711, 8 a.m. to 8 p.m., 7 days a week.
- ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-866-633-4454, TTY 711 de 8 a.m. a 8 p.m., los 7 días de la semana.
- ATENÇÃO: Se você fala português, estão à sua disposição serviços de assistência lingüística, gratuitos. Ligue para 1-866-633-4454, TTY 711 das 8h00 às 20h, 7 dias por semana.
- We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter just call us at 1-866-633-4454, TTY 711, 8 a.m. to 8 p.m., 7 days a week. Someone that speaks English can help you. This is a free service.
- Contamos con servicios gratuitos de interpretación para responder cualquier pregunta que pudiera tener sobre nuestro plan de salud o de medicamentos. Para pedir un intérprete, simplemente llámenos al 1-866-633-4454, TTY 711 de 8 a.m. a 8 p.m., los 7 días de la semana. Una persona que habla español puede ayudarle. Este servicio es gratuito.
- 我們提供免費口譯服務，能回答您對我們的健保或配藥計劃的任何疑問。欲申請口譯員，歡迎致電與我們聯絡，電話 1-866-633-4454, TTY 711。會有説中文的人員為您提供協助。這是免費服務。

B. Frequently asked questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What's a One Care Plan?	A One Care Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services and supports (LTSS), and other providers. It also has Care Coordinators to help you manage all your providers and services and supports. They all work together to provide the care you need. UHC One Care is a One Care Plan that provides benefits of MassHealth (Medicaid) and Medicare to enrollees in the One Care program.
What's a UHC One Care Coordinator?	A UHC One 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.
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's a Long-term Supports (LTS-C) Coordinator?	A UHC One Care LTS-C Coordinator is a person for you to contact and have on your Care Team who is an expert in long-term services and supports and/or recovery services. This person helps you get services that help you live independently in your home.

Frequently Asked Questions (FAQ)	Answers
Will I get the same Medicare and MassHealth (Medicaid) benefits in UHC One Care that I get now?	You'll get your covered Medicare and MassHealth (Medicaid) benefits directly from UHC One Care. 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. You may also get other benefits the same way you do now, directly from a state agency like the Department of Mental Health or the Department of Developmental Services. When you enroll in UHC One Care, you and your Care Team will work together to develop an Individualized Care Plan (ICP) to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D prescription drugs that UHC One Care does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for UHC One Care to cover your drug if medically necessary. For all other services, you can keep using your doctors and getting your current services for 90 days, or until your ICP is complete. If you are within our plan's 60 day period of deemed continued eligibility, we will continue to provide all Medicare Advantage plan-covered Medicare benefits. However, your MassHealth (Medicaid) coverage may end sooner than your Medicare coverage with us. When your MassHealth (Medicaid) coverage ends, we will not pay for your MassHealth (Medicaid) benefits including the Medicare cost sharing. Medicare cost-sharing amounts for Medicare basic and supplemental benefits do not change during this period. We will assist your efforts to regain your MassHealth (Medicaid) eligibility. If your MassHealth (Medicaid) eligibility is restored while you are still enrolled with us for your Medicare coverage, we will resume paying for your MassHealth (Medicaid) benefits and your enrollment with us will continue. If you regain MassHealth (Medicaid) eligibility after we disenroll you from our Medicare coverage you will need to reach out to reenroll with us.

If you have questions, please call UHC One Care at **1-866-633-4454** (TTY **711**), 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information,** visit **UHCCommunityPlan.com**.

Frequently Asked Questions (FAQ)	Answers
Can I use the same doctors I use now?	This is often the case. If your providers (including doctors, hospitals, therapist, pharmacies, and other health care providers) work with UHC One Care and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in-network." **You must use the providers in UHC One Care's network.** • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UHC One Care's plan. To find out if your doctors are in the plan's network, call the Member Services or read UHC One Care's **Provider and Pharmacy Directory** on the plan's website at **UHCCommunityPlan.com**. If UHC One Care is new for you, we will work with you to develop an Individualized Care Plan (ICP) to address your needs. You can continue using the doctors you use now for 90 days or until your ICP is completed.
What happens if I need a service but no one in UHC One Care's network can provide it?	Most services will be provided by our network providers. If you need a covered service that can't be provided within our network, UHC One Care will pay for the cost of an out-of-network provider.
Where's UHC One Care available?	The service area for this plan includes: Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties, Massachusetts. You must live in one of these areas to join the plan.
Do I pay a monthly amount (also called a premium) under UHC One Care?	You will not pay any monthly premiums to UHC One Care (HMO D-SNP) If you pay a premium to MassHealth (Medicaid) for CommonHealth, you must continue to pay the premium to MassHealth (Medicaid) to keep your coverage.

If you have questions, please call UHC One Care at **1-866-633-4454** (TTY **711**), 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information,** visit **UHCCommunityPlan.com**.

Frequently Asked Questions (FAQ)	Answers
What's prior authorization (PA)?	PA means an approval from UHC One Care to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. UHC One Care may not cover the service, procedure, item, or drug if you don't get PA. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.** UHC One Care can provide you or your provider with a list of services or procedures that require you to get prior authorization from UHC One Care before the service is provided. Refer to **Chapter 3** of the **Member Handbook** to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the **Member Handbook** to learn which services require PA. 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 or at the numbers in the footer of this document for help.
What's a referral?	A referral means that your primary care provider (PCP) 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 PCP, UHC One Care may not cover the services. UHC One Care 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.
Do I pay a deductible?	No. You do not pay deductibles in UHC One Care.
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of UHC One Care?	There's no cost sharing for medical services in UHC One Care, so your annual out-of-pocket costs will be $0.

If you have questions, please call UHC One Care at **1-866-633-4454** (TTY **711**), 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information,** visit **UHCCommunityPlan.com**.

Frequently Asked Questions (FAQ)	Answers
Who should I contact if I have questions or need help?	**If you have general questions or questions about our plan, services, service area, billing, or member cards, please call the UHC One Care Member Services:** **Call** **1-866-633-4454** Calls to this number are free. 8 a.m.–8 p.m. local time, 7 days a week The Member Services also has free language interpreter services available for people who do not speak English. **TTY** **711** Calls to this number are free. 8 a.m.–8 p.m. local time, 7 days a week
	If you have questions about your health, please call the NurseLine **Call** **1-866-385-6728** Calls to this number are free. 24 hours a day, 7 days a week **TTY** **711** Calls to this number are free. 24 hours a day, 7 days a week **If you need immediate behavioral health services, please call the Behavioral Health Crisis Line** **Call** **1-866-633-4454** Calls to this number are free. 24 hours a day, 7 days a week **TTY** **711** Calls to this number are free. 24 hours a day, 7 days a week

C. Overview of services

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

This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the UHC One Care Member Handbook.

Health need or concern	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	Your provider may need to obtain prior authorization for services. Except in an emergency, your health care provider must tell the plan of your hospital admission.
	Outpatient hospital services, including observation	$0	Your provider may need to obtain prior authorization for services.
	Ambulatory surgical center (ASC) services	$0	Your provider may need to obtain prior authorization for services.
	Doctor or surgeon care	$0	Your provider may need to obtain prior authorization for services.

Health need or concern	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	No authorization is needed.
	Care to keep you from getting sick, such as flu shots	$0	No authorization is needed.
	Wellness visits, such as a physical	$0	No authorization is needed.
	"Welcome to Medicare" (preventive visit one time only)	$0	We cover the "Welcome to Medicare" preventive visit only during the first 12 months that you have Medicare Part B.
	Specialist care	$0	Your provider may need to obtain prior authorization for services. Referral required.
	Transportation to a doctor's office	$0	No authorization is needed.
You need emergency care	Emergency room services	$0	Coverage is within the U.S. and its territories only. You may use any emergency room, even if out of network and no authorization is needed.
	Urgent Care	$0	Coverage is within the U.S. and its territories only. If you require Urgent care services, you should first try to get them from a network provider. You may use any urgent care center, even if out of network and no authorization is needed.

Health need or concern	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	Your provider may need to obtain prior authorization for services.
	Lab tests and diagnostic procedures, such as blood work	$0	Your provider may need to obtain prior authorization for services.
	Screening tests, such as tests to check for cancer	$0	Your provider may need to obtain prior authorization for services.
You need hearing/ auditory services	Hearing Screenings	$0	Your provider may need to obtain prior authorization for services. No prior authorization is needed for routine hearing exams.
	Hearing aids	$0	Your provider may need to obtain prior authorization for services.
You need dental care	Dental check-ups and preventive care	$0	You are covered for one routine exam, two cleanings, and X-rays every year. You are covered for one fluoride treatment every six months. Based on medical necessity, you have access to more fluoride treatments. Your provider may need to obtain prior authorization for services.
	Restorative and emergency dental care	$0	Your provider may need to obtain prior authorization for services.

If you have questions, please call UHC One Care at **1-866-633-4454** (TTY **711**), 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information,** visit **UHCCommunityPlan.com**.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need eye care	Eye exams	$0	Your provider may need to obtain prior authorization for services. No prior authorization is needed for routine eye exams.
	Glasses or contact lenses	$0	You are covered for up to $300 every year for one pair of contact lenses or eyeglasses (single, bi-focal, tri-focal or standard progressive) lenses and frames).
	Other vision care	$0	Your provider may need to obtain prior authorization for services.
You need behavioral health services	Behavioral health services	$0	Your provider may need to obtain prior authorization for services.
	Inpatient and outpatient care and community-based services for people who need behavioral health services	$0	Your provider may need to obtain prior authorization for services.
You need substance use disorder services	Substance use services	$0	Your provider may need to obtain prior authorization for services.

Health need or concern	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	$0	Your provider may need to obtain prior authorization for services.
	Nursing home care	$0	Your provider may need to obtain prior authorization for services.
	Adult Foster Care and Group Adult Foster Care	$0	Your provider may need to obtain prior authorization for services.
	Respite care	$0	Your provider may need to obtain prior authorization for services.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Your provider may need to obtain prior authorization for services. Referral required.
You need help getting to health services	Ambulance services	$0	No authorization is needed. Your provider must obtain prior authorization for non-emergency transportation.
	Emergency transportation	$0	No authorization is needed.
	Transportation to medical appointments	$0	No authorization is needed.
	Transportation to other services Routine transportation not for use in emergencies	$0	Limited to 10 one-way trips per month.

If you have questions, please call UHC One Care at **1-866-633-4454** (TTY **711**), 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information,** visit **UHCCommunityPlan.com**.

Health need or concern	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)	Generic drugs (no brand name)	$0 for a 30-day supply.	There may be limitations on the types of drugs covered. Please refer to UHC One Care's **List of Covered Drugs (Drug List)** for more information. For some drugs, you can get a long-term supply (also called an "extended supply") when you fill your prescription. A long-term supply is up to a 90-day supply. There is no cost to you for a long-term supply. If you have been in a nursing facility for at least 90 days, you will not have any copays for prescription drugs.

Health need or concern	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)	Brand name drugs	$0 for a 30-day supply.	There may be limitations on the types of drugs covered. Please refer to UHC One Care's **List of Covered Drugs (Drug List)** for more information. For some drugs, you can get a long-term supply (also called an "extended supply") when you fill your prescription. A long-term supply is up to a 90-day supply. There is no cost to you for a long-term supply. If you have been in a nursing facility for at least 90 days, you will not have any copays for prescription drugs.
	Over-the-counter drugs	$0	There may be limitations on the types of drugs covered. Please refer to UHC One Care's **List of Covered Drugs (Drug List)** for more information.
	Medicare Part B prescription 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 **Member Handbook** for more information on these drugs

Members living in a 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.

If you have questions, please call UHC One Care at **1-866-633-4454** (TTY **711**), 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information,** visit **UHCCommunityPlan.com**.

Health need or concern	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 Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Drug Tier 5: Specialty	$0	There may be limitations on the types of drugs covered. Please refer to the One Care **List of Covered Drugs (Drug List)** for more information.
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	$0	Your provider may need to obtain prior authorization for services.
	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.

Health need or concern	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	Abortion services	$0	No authorization is needed.
	Dialysis services	$0	No authorization is needed.
	Family planning	$0	Prior authorization may be needed for genetic testing.
	Medical equipment for home care	$0	Your provider may need to obtain prior authorization for services.
	Nurse midwife services	$0	No authorization is needed.
	Rehabilitation services	$0	Your provider may need to obtain prior authorization for services.
	Skilled nursing care and home health services	$0	Your provider may need to obtain prior authorization for services.
You need foot care	Podiatry services	$0	Your provider may need to obtain prior authorization for services.
	Orthotic services	$0	Your provider may need to obtain prior authorization for services.
You need durable medical equipment (DME) **Note:** This is not a complete list of covered DME. For a complete list, contact the Member Engagement Center or refer to Chapter 4 of the **Member Handbook.**	Wheelchairs, crutches, and walkers	$0	Your provider may need to obtain prior authorization for services.
	Nebulizers	$0	Your provider may need to obtain prior authorization for services.
	Oxygen equipment and supplies	$0	Your provider may need to obtain prior authorization for services.

If you have questions, please call UHC One Care at **1-866-633-4454** (TTY **711**), 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information,** visit **UHCCommunityPlan.com**.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need help living at home (continued on next page)	Home health services	$0	Your provider may need to obtain prior authorization for services.
	Changes to your home, such as ramps and wheelchair access	$0	Your provider may need to obtain prior authorization for services.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	$0	Your provider may need to obtain prior authorization for services.
	Adult day health or other support services	$0	Your provider may need to obtain prior authorization for services.
	Day habilitation services	$0	Your provider may need to obtain prior authorization for services.
	Services to help you live on your own (Home health care services or personal care attendant services)	$0	Your provider may need to obtain prior authorization for services.
	Adult Foster Care and Group Adult Foster Care	$0	Your provider may need to obtain prior authorization for services.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional covered services	Acupuncture	$0	Prior authorization is needed.
	Chiropractic services	$0	You are covered for up to 20 visits every year.
	Tobacco cessation	$0	Covered – please see the **Member Handbook** to learn more.
	Prosthetic services	$0	Prior authorization is needed.
	Radiation therapy	$0	Prior authorization is needed.
	Virtual behavioral health visits	$0	Covered Please see the **Member Handbook** to learn more.

The above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read the UHC One Care **Member Handbook**. If you have questions, you can also call UHC One Care's Member Engagement Center.

D. Benefits covered outside of UHC One Care

There are some services that you can get that aren't covered by UHC One Care but are covered by Medicare, MassHealth (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, MassHealth (Medicaid), or a State Agency	Your costs
Certain hospice care services covered outside of UHC One Care	$0
Psychosocial rehabilitation	Please call MassHealth (Medicaid) for more information.
Targeted case management	Please call MassHealth (Medicaid) for more information.
Rest home room and board	Please call the Department of Transitional Assistance for more information.
Doula Services	$0

E. Services that UHC One Care, Medicare, and MassHealth (Medicaid) do not cover

This isn't a complete list. Call the Member Services to find out about other excluded services.

Services UHC One Care, Medicare, and MassHealth (Medicaid) do not cover	
Services that aren't medically necessary according to the standards of Medicare and MassHealth (Medicaid).	Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. Refer to **Chapter 3** for more information on clinical research studies. Experimental treatment and items are those that aren't generally accepted by the medical community.
Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging, and mental performance), except when medically necessary.	Cosmetic surgery or other cosmetic work, unless it's needed because of an accidental injury or to improve a part of the body that is malformed. However, the plan will pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it.

If you have questions, please call UHC One Care at **1-866-633-4454** (TTY **711**), 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information,** visit **UHCCommunityPlan.com**.

F. Your rights as a member of the plan

As a member of UHC One Care, you have certain rights. You can exercise these rights without being punished. You can also use these rights without loosing 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 **Member 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 sec stereotype 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 coordinators.
- **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.
  - Choose a Long-term Supports (LTS) Coordinator.
  - 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 One Care 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 does not have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care for covered services within the time frames described in the **Member Handbook** and to file an appeal if you don't receive your care within those timeframes.
  - 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 doctors, other providers, and your health plan. Call **1-866-633-4454**, TTY **711**, if you need help with this service.
  - Have your **Member Handbook** and any printed materials from UHC One Care translated into your prevalent language, and/or to have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
  - Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience or retaliation.
- **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 MassHealth (Medicaid) at 1-800-841-2900. TTY users should call 711. The UHC One Care website myuhc.com/communityplan has complaint forms and instructions available online.
  - Appeal certain decisions made by MassHealth (Medicaid).
  - Ask for a State Hearing.
  - Get a detailed reason for why services were denied.

For more information about your rights, you can read the **Member Handbook**. If you have questions, you can call UHC One Care Member Services at **1-866-633-4454** (TTY **711**) or the Medicaid Office of the Ombudsman at 1-855-781-9898, Monday through Friday from 9:00 A.M. to 4:00 P.M.

If you have questions, please call UHC One Care at **1-866-633-4454** (TTY **711**), 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information,** visit **UHCCommunityPlan.com**.

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

If you have a complaint or think UHC One Care should cover something we denied, call UHC One Care at **1-866-633-4454**, TTY **711**. You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the UHC One Care **Member Handbook**. You can also call UHC One Care's Member Services.

For complaints/grievances or medical appeals:

UnitedHealthcare Community Plan
Attn: Complaint and Appeals Department
P.O. Box 6103
MS CA120-0368
Cypress, CA 90630-0023

For complaints/grievances or drug appeals for Part D or MassHealth (Medicaid) or CommonHealth drugs:

UnitedHealthcare Community Plan
Attn: Part D/MassHealth (Medicaid)
Standard Appeals
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 One Care Member Services. Phone numbers are on the cover of this summary.
- Or, call the MassHealth (Medicaid) Customer Service Center at 1-800-841-2900. 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, 24 hours a day, 7 days a week.

I. What to do if you want independent help with a complaint or concern

My Ombudsman is an independent program that can help you if you have questions, concerns, or problems related to One Care. You can contact My Ombudsman to get information or assistance. My Ombudsman services are free. My Ombudsman staff:

- can answer your questions or refer you to the right place to find what you need.
- can help you address a problem or concern with One Care or your One Care plan, UHC Once Care. My Ombudsman staff will listen, investigate the issue, and discuss options with you to help solve the problem.
- help with appeals. An appeal is a formal way of asking your One Care plan, MassHealth (Medicaid), or Medicare to review a decision about your services. My Ombudsman staff can talk with you about how to make an appeal and what to expect during the appeal process.

If you have questions, please call UHC One Care at **1-866-633-4454** (TTY **711**), 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information,** visit **UHCCommunityPlan.com**.

You can call, write, or visit My Ombudsman at its office.

- Call 1-855-781-9898, Monday through Friday from 9:00 A.M. to 4:00 P.M.
  - Use 7-1-1 to call 1-855-781-9898. This number is for people who are deaf, hard of hearing, or speech disabled.
  - Use Videophone (VP) 339-224-6831. This number is for people who are deaf or hard of hearing.
- Email info@myombudsman.org
- Write to or visit the My Ombudsman office at 25 Kingston Street, 4th floor, Boston, MA 02111
  - Please refer to the My Ombudsman website or contact them directly for updated information about location and walk-in hours.
- Visit My Ombudsman online at www.myombudsman.org

If you have general questions or questions about our plan, services, service area, billing, or your UCard, please call UHC One Care Member Services:

Call **1-866-633-4454**

Calls to this number are free. 8 a.m.–8 p.m. local time, 7 days a week, including on the use of alternative technologies. Member 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. local time, 7 days a week.

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 UHC One Care's Nurse Line. A nurse will listen to your problem and tell you how to get care. The numbers for the UHC One Care's Nurse Line are:

Call **1-866-385-6728**

Calls to this number are free 24 hours a day, 7 days a week. UHC One care also has free language interpreter service available for non-English speakers.

TTY 711

Calls to this number are free. 24 hours a day, 7 days a week.

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

Call **1-866-633-4454**

Calls to this number are free. 24 hours a day, 7 days a week.

TTY 711

Calls to this number are free. 24 hours a day, 7 days a week.

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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**
- The MassHealth Customer Service Center at **1-800-841-2900**, TTY **711** or visit **mass.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

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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, Member 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 Member Handbook online.

You're eligible to enroll if:

You're between 21 and 64, enrolled in MassHealth Standard or CommonHealth and don't have any other health insurance (except Medicare)

You're entitled to Original Medicare Parts A and B

You live in the plan's service area

For H4610-002 if you also:
Receive certain home and community-based services

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How to enroll

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

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 by phone for the easiest experience. Or send us a completed Enrollment Request Form.

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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.

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2026 Enrollment Request Form

☐ **UHC One Care MA-Y3 (HMO D-SNP) H4610-001-000**
☐ **UHC One Care MA-Y4 (HMO D-SNP) H4610-002-000**

This form is for people who have MassHealth Standard or CommonHealth (Medicaid) benefits and choose to enroll in UHC One Care. You must also have Medicare Parts A and B.

MassHealth Standard or CommonHealth (Medicaid) Information

Are you enrolled in MassHealth? ☐ Yes ☐ No

Please write your MassHealth number or attach a copy of your MassHealth card. Your MassHealth number is the 12-digit number under your name.

MassHealth Number _____

You must have MassHealth Standard or CommonHealth benefits to enroll in a UHC One Care organization. To apply for MassHealth, call 1-800-841-2900 (TTY 711 for people with partial or total hearing loss).

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): __ __ __ - __ __ - __ __ __ __

Name of skilled nursing facility (if applicable)

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)**

Enrollee name _____
Agent name/ID number _____

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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

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.

A few questions to help us manage your plan

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

☐ 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 **1-866-633-4454**, 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. 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

3. 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.

Enrollee name _____

Agent name/ID number _____

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:

- ☐ This One Care organization is a Medicare Advantage plan and has a contract with the federal government. UHC One Care also has a contract with the Commonwealth of Massachusetts/ MassHealth. This is not a Medicare Supplement plan. I will need to keep my MassHealth Standard or CommonHealth plan. 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.
- ☐ Because I have MassHealth, I may leave UHC One Care if I have a qualifying election period. I will no longer be covered by UHC One Care on the first day of the month following the month I request to leave UHC One Care. UHC One Care serves a specific service area. If I move out of the area that UHC One Care serves, I need to notify the plan so that I can disenroll and find a new plan in my new area. Once I am a member of UHC One Care, I have the right to appeal plan decisions about payment or services if I disagree with them.
- ☐ 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 “Member Handbook” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor UnitedHealthcare will pay for benefits or services that are not covered.
- ☐ I understand that I can be enrolled in only one Medicare Advantage (MA) plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA Private Fee-for-Service (PFFS), MA Medicare Medical Savings Account (MSA) plans).
- ☐ **Release of information:** By joining this Medicare Advantage Plan, I acknowledge that the plan will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- ☐ I give UnitedHealthcare permission to share my protected health information with organizations or person(s) for permissible purposes under applicable law as required to administer my health plan.

Enrollee name _____

Agent name/ID number _____

- ☐ 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.
- ☐ Joining this plan could affect my employer or union health benefits. If I have health coverage from an employer or union, joining this plan may change how my current coverage works. Me or my dependents could lose our other health or drug coverage completely and not get it back if I join this plan. I will talk to my employer or union. I will ask how joining this plan could affect my current plan. I may also want to check my employer or union's website, or read any information sent to me. If there is no information on whom to contact, my benefits administrator or the office that answers questions about my coverage can help.
- ☐ **Estate Recovery Awareness:** MassHealth is required by federal law to recover money from the estates of certain MassHealth members who are age 55 years or older, and who are any age and are receiving long-term care in a nursing home or other medical institution. For more information about MassHealth estate recovery, please visit www.mass.gov/estaterecovery
- ☐ 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 Member 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 _____

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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

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**

Enrollee name _____
Agent name/ID number _____

Please mail or fax this completed form to:

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

Fax: 1-888-950-1170
Fax the front and back of each page

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 One Care MA-Y3 (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 State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.

UHC One Care is a Dual Special Needs Plan (D-SNP) that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees. Enrollment in the plan depends on the plan's contract renewal with Medicare. This plan is a voluntary program that is available to anyone age 21 - 64 who qualifies for MassHealth Standard or CommonHealth and Original Medicare and does not have any other comprehensive health insurance, except Medicare.

OMB No. 0938-1378
Expires: 12/31/2026
H4610_ERF_2026_C CSMA26HM0321055_001
UHCOC_ERF_H4610_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 Member Services Representative at the number listed on the back cover of this book.

Understanding the benefits

- ✔ The Member Handbook 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 Member Handbook. 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 Drug List to make sure your drugs are covered.

Understanding important rules

- ✔ Benefits, premiums and/or copays/coinsurance 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
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

H4610-001 & H4610-002
Medicare and MassHealth:
RxBIN: 610097
RxPCN: 9999
RxGRP: MPDCSMA

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

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Important information: 2026 Medicare star ratings

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

UnitedHealthcare - H4610

For 2026, UnitedHealthcare - H4610 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 **800-555-5757** (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 **866-633-4454** (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, are available to you. Call the toll-free number on your member identification card.

ملاحظة: إذا كنت تتحدث **اللغة العربية** (Arabic)، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

請注意：如果您說**中文** (Chinese)，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

ATTENTION : Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ΠΡΟΣΟΧΗ: Εάν μιλάτε **ελληνικά** (Greek), υπάρχουν διαθέσιμες δωρεάν υπηρεσίες γλωσσικής βοήθειας και δωρεάν επικοινωνία σε άλλες μορφοποιήσεις, όπως μεγάλα γράμματα. Καλέστε τον αριθμό χωρίς χρέωση στην κάρτα μέλους σας.

ધ્યાન આપો: જો તમે **ગુજરાતી (Gujarati)** બોલતા હો તો વિના મૂલ્યે ભાષાકીય મદદરૂપ સેવાઓ અને અન્ય ફોર્મેટમાં વિના મૂલ્યે સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. તમારા સભ્ય ઓળખ કાર્ડ પરના ટોલ-ફ્રી નંબર પર કૉલ કરો.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòma lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ध्यान दें: यदि आप **हिंदी** (Hindi) बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

ATTENZIONE: se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

ចំណាំៈ ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ** (Khmer) សេវាជំនួយភាសាឥតគិតថ្លៃ និងការទំនាក់ទំនងឥតគិតថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ទូរសព្ទមកលេខឥតគិតថ្លៃនៅលើបណ្ណសម្គាល់សមាជិករបស់អ្នក។

알림 사항: **한국어**(Korean)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

ໝາຍເຫດ: ຖ້າຫາກທ່ານເວົ້າ**ພາສາລາວ** (Lao), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆຟຣີ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີ�โทรฟรียู่ที่ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

UWAGA: Dla osób mówiących po **polsku** (Polish) dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ! Если вы говорите на **русском** языке (Russian), вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro.

LƯU Ý: Nếu quý vị nói **Tiếng Việt** (Vietnamese), quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

UHMA26HM0356157_001

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 List of Covered Drugs (Drug List/Formulary) and Member Handbook

Reach for your UCard when

- Visiting a provider or filling a prescription
- Spending your earned rewards

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 Member Services.

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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**
8 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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