2026 Enrollment Guide

UHC Dual Complete TX-Y1 (HMO-POS D-SNP)

H3868-001-000

Service area: Texas - Harris county

United Healthcare®
Dual Complete

TX-Y1 Dental Only POS
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. And you have access to a large dental provider network. You can also get care from out-of-network dental providers but your costs may be higher, even for services with a $0 copay.

Here's how this HMO-POS D-SNP plan works

Get care from providers in the network or visit out-of-network providers for covered dental services.

Select a primary care provider to oversee and help manage your care. It's required by the plan, but it's also very beneficial for your long term health and well-being.

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

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

Emergency and urgently needed services are covered anywhere in the world.

This plan includes prescription drug coverage. Always use network pharmacies. You may pay more or the full cost for drugs received from pharmacies not in the network.

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

Go to **UHC.com/CommunityPlan** to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions. See your 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 TX-Y1 (HMO-POS 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. You may have small copays for your Part D prescription drugs. If your eligibility for Medicaid or "Extra Help" changes, your cost sharing and premium may change.	
Monthly plan premium	$0

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

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

Additional plan benefits		
Routine physical		$0 copay, 1 per year
Hearing services	Routine hearing exam	$0 copay for a routine hearing exam to help support hearing health
	Hearing aids	$2,200 allowance for 2 hearing aids every 2 years ☐ A broad selection of over-the-counter (OTC), high-value and brand-name prescription hearing aids ☐ Access to one of the largest national networks of hearing professionals with more than 6,500 locations ☐ 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period ☐ Hearing aids purchased outside of UnitedHealthcare Hearing are not covered

Additional plan benefits		
Routine dental benefits Covered in and out-of-network.	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
Vision services	Routine eye exam	$0 copay, 1 per year
	Routine eyewear	$0 copay Plan pays up to $200 every year for 1 pair of lenses/ frames and contacts
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 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 36 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies
Foot care - routine		$0 copay, 6 visits per year

Additional plan benefits	
OTC, healthy food, utilities + wellness support	$185 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
Rewards	Earn up to $165 in rewards when you get started in January[Ω]

*Benefits are combined in and out-of-network

Prescription drugs	
If you don't qualify for Low-Income Subsidy (LIS), you pay the Medicare Part D cost share outlined in the Evidence of Coverage. If you do qualify for Low-Income Subsidy (LIS) you pay:	
Deductible	Your deductible amount is $0
Initial Coverage	In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of $2,100 you move to the Catastrophic Coverage stage.
Drug coverage	**30-day or 100-day supply from retail network pharmacy**
Generic (including brand drugs treated as generic)	$0, $1.60, or $5.10 copay Drugs that are in Tier 1 are always $0 copay. (Some covered drugs are limited to a 30-day supply)
All other drugs[1]	$0, $4.90, or $12.65 copay Drugs that are in Tier 1 are always $0 copay. (Some covered drugs are limited to a 30-day supply)
Catastrophic Coverage	Once you're in this stage, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year.

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

Scan this code to view your Summary of Benefits

United Healthcare® Dual Complete

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.

[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.

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Summary of Benefits 2026

UHC Dual Complete TX-Y1 (HMO-POS D-SNP)
H3868-001-000

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

UHCCommunityPlan.com

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

United Healthcare®
Dual Complete

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Introduction

This document is a brief summary of the benefits and services covered by UHC Dual Complete TX-Y1 (HMO-POS 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 TX-Y1 (HMO-POS D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the **Member Handbook**.

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If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983** (TTY **7-1-1**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information,** visit **UHCCommunityPlan.com**.

A. Disclaimers

This is a summary of health services covered by UHC Dual Complete TX-Y1 (HMO-POS D-SNP) for 2026. This is only a summary. Please read the **Member Handbook** for the full list of benefits. If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983** (TTY **7-1-1**), 8 a.m.–8 p.m. local time, M–F. The call is free. For more information, visit **UHCCommunityPlan.com.**

- Under UHC Dual Complete TX-Y1 (HMO-POS D-SNP) you can get your Medicare and Texas Medicaid services in one health plan. A UHC Dual Complete TX-Y1 (HMO-POS D-SNP) Service Coordinator will help manage your health care needs.
- For more information about Medicare, you can read the **Medicare & You handbook**. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website **medicare.gov** or by calling **1-800-MEDICARE** (**1-800-633-4227**). TTY users should call **1-877-486-2989**, 8 a.m.–5 p.m., Monday through Friday.
- 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 **Member Handbook**.
- Neither Medicare nor Texas Medicaid has reviewed or endorsed this information.
- Limitations, copays and restrictions may apply. For more information, call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) Member Services or read the UHC Dual Complete TX-Y1 (HMO-POS D-SNP) Member Handbook.
- Benefits, features and/or devices may vary by plan/area.
- The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- Benefits and/or copays may change on January 1 of each year.
- Copays for prescription drugs may vary based on if you are receiving Extra Help. Please contact the plan for more details.
- We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan member ID card, TTY **711**, 8 a.m.–8 p.m. Monday–Friday.
- For more information about STAR+PLUS you can check the STAR+PLUS Medicaid program website **hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/starplus** or contact the HHS Office of the Ombudsman at **866-566-8989** or TTY: **800-735-2989**, 8 a.m.–5 p.m., Monday through Friday.
- ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call **1-866-944-4983** (TTY **711**), 8 a.m.–8 p.m. local time, M–F. The call is free.
- ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983** (TTY **7-1-1**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information,** visit **UHCCommunityPlan.com**.

- XIN LƯUÝ:Nếu quý vị nói tiếng Việt (Vietnamese), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.
- UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.
- You can get this document for free in other formats, such as large print, braille, or audio. Call **1-866-944-4983** (TTY **711**), 8 a.m.–8 p.m. local time, M–F. The call is free.
- This document is available for free in Spanish.
- You can call 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.
- Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service/Member Engagement Center number or see your Evidence of Coverage for more information.
- Benefits, features and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply. If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Network size varies by local market.

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

Hearing aids

Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Provider network size may vary by local market.

OTC hearing aid warranties, if available, will vary by device and are handled through the manufacturer. One-time professional fee may apply for prescription hearing aids.

Routine dental benefits

If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Provider network may vary in local market. Dental network size based on Zelis Network360, May 2023.

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.

If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983** (TTY **7-1-1**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information,** visit **UHCCommunityPlan.com**.

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.

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 dual eligible special needs plan (D-SNP) is where full-benefit dually eligible members will receive both their Medicare and Medicaid services from a single health care organization. An integrated D-SNP Plan is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid. An integrated D-SNP Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services and supports, and other providers. It also has Service 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 Texas Medicaid benefits in UHC Dual Complete TX-Y1 (HMO-POS D-SNP) that I get now?	You'll get most of your covered Medicare and Texas Medicaid benefits directly from UHC Dual Complete TX-Y1 (HMO-POS 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 Service Coordinator's assessment. You may also get other benefits outside of your health plan the same way you do now, directly from UHC Dual Complete TX-Y1 (HMO-POS D-SNP), but you may get some benefits the same way you do now from STAR+PLUS Texas Medicaid. When you enroll in UHC Dual Complete TX-Y1 (HMO-POS D-SNP), you and your service coordination team will work together to develop a Plan of Care to address your health and support needs. During this time, you can keep using your doctors and getting your current services for 90 days, or until your Plan of Care is complete. When you join our plan, if you are taking any Medicare Part D prescription drugs that UHC Dual Complete TX-Y1 (HMO-POS D-SNP) does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for UHC Dual Complete TX-Y1 (HMO-POS D-SNP) to cover your drug, if medically necessary.

If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983** (TTY **7-1-1**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information,** visit **UHCCommunityPlan.com**.

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 TX-Y1 (HMO-POS 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 TX-Y1 (HMO-POS 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 TX-Y1 (HMO-POS D-SNP)'s plan. • If UHC Dual Complete TX-Y1 (HMO-POS D-SNP) is new for you, you can continue using the doctors you use now for 90 days. • If you're currently under treatment with a provider that's out of our network or have an established relationship with a provider that's out of our network, call Member Services to check about staying connected. To find out if your doctors are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read UHC Dual Complete TX-Y1 (HMO-POS D-SNP)'s **Provider and Pharmacy Directory** on the plan's website at **UHCCommunityPlan.com**. If UHC Dual Complete TX-Y1 (HMO-POS D-SNP) is new for you, we'll work with you to develop an Individual Service Plan to address your needs.
What is a UHC Dual Complete TX-Y1 (HMO-POS D-SNP) Service Coordinator?	A UHC Dual Complete TX-Y1 (HMO-POS D-SNP) Service Coordinator is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.

If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983** (TTY **7-1-1**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information,** visit **UHCCommunityPlan.com**.

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 taking a bath, 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 TX-Y1 (HMO-POS D-SNP)'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 Dual Complete TX-Y1 (HMO-POS D-SNP) will pay for the cost of an out-of-network provider.
Where's UHC Dual Complete TX-Y1 (HMO-POS D-SNP) available?	The service area for this plan includes: Harris County, Texas. You must live in this area to join the plan.
What is prior authorization?	Prior authorization means an approval from UHC Dual Complete TX-Y1 (HMO-POS 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 TX-Y1 (HMO-POS 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 TX-Y1 (HMO-POS 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 TX-Y1 (HMO-POS D-SNP) 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 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 TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983** (TTY **7-1-1**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information,** visit **UHCCommunityPlan.com**.

Frequently asked questions	Answers
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, we may not cover the services. We can provide you with a list of services that require you to get a referral from your PCP before the service is provided. You don't need a referral to use certain specialists, such as women's health specialists. Refer to the **Member Handbook** to learn more about when you'll need to get a referral from your PCP.
Do I pay a monthly amount (also called a premium) under UHC Dual Complete TX-Y1 (HMO-POS 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?	No. You don't pay deductibles in UHC Dual Complete TX-Y1 (HMO-POS D-SNP).
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of UHC Dual Complete TX-Y1 (HMO-POS D-SNP)?	There's no cost sharing for medical services in UHC Dual Complete TX-Y1 (HMO-POS D-SNP), so your annual out-of-pocket costs will be $0.

C. List of covered services

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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	$0	Our plan covers an unlimited number of days for an inpatient hospital stay. Except in an emergency, your health care provider must tell the plan of your hospital admission. Our plan covers an unlimited number of days for an inpatient hospital stay. Requires a referral from your doctor. May require your provider to get prior authorization from the plan for in-network benefits.
	Outpatient hospital services, including observation	$0	Requires a referral from your doctor. May require your provider to get prior authorization from the plan for in-network benefits.
	Ambulatory surgical center (ASC) services	$0	Requires a referral from your doctor. May require your provider to get prior authorization from the plan for in-network benefits.
	Doctor or surgeon care	$0	Requires a referral from your doctor. May require your provider to get prior authorization from the plan for in-network benefits.

If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983** (TTY **7-1-1**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information,** visit **UHCCommunityPlan.com**.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests	Visits to treat an injury or illness	$0	Requires a referral from your doctor. May require your provider to get prior authorization from the plan for in-network benefits.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Wellness visits, such as a physical	$0	May require your provider to get prior authorization from the plan for in-network benefits.
	"Welcome to Medicare" (preventive visit one time only)	$0	
	Specialist care	$0	Requires a referral from your doctor. May require your provider to get prior authorization from the plan for in-network benefits.
You need emergency care	Emergency room services	$0	Worldwide Emergency Coverage. You may use any emergency room, even if out-of-network and no authorization is needed.
	Urgent care	$0	Worldwide Urgent Coverage. 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.

If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983** (TTY **7-1-1**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information,** visit **UHCCommunityPlan.com**.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & 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	Prior authorization may be needed. Please call your Service Coordinator or your PCP.
	Lab tests and diagnostic procedures, such as blood work	$0	May require your provider to get prior authorization from the plan for in-network benefits.
You need hearing/auditory services	Hearing screenings	$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Hearing aids	$0	$2,200 allowance for 2 hearing aids every 2 years • A broad selection of over-the-counter (OTC), high-value and brand-name prescription hearing aids • Access to one of the largest national networks of hearing professionals with more than 6,500 locations • 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period • Hearing aids purchased outside of UnitedHealthcare Hearing are not covered May require your provider to get prior authorization from the plan for in-network benefits.

If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983** (TTY **7-1-1**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information,** visit **UHCCommunityPlan.com**.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care	Dental check-ups and preventive care	$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 May require your provider to get prior authorization from the plan for in-network benefits.
	Preventive 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
	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	May require your provider to get prior authorization from the plan for in-network benefits.
	Glasses or contact lenses	$0	Plan pays up to $200 every year for 1 pair of lenses/frames and contacts.
	Other vision care	$0	

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need mental or behavioral health services	Mental or behavioral health services	$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Inpatient and outpatient care and community-based services for people who need mental health services	$0	May require your provider to get prior authorization from the plan for in-network benefits.
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.
You need a place to live with people available to help you	Skilled nursing care	$0	Our plan covers up to 100 days in a skilled nursing facility (SNF). Requires a referral from your doctor. May require your provider to get prior authorization from the plan for in-network benefits.
	Nursing home care	$0	May require your provider to get prior authorization from the plan for in-network benefits.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Requires a referral from your doctor. 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, & benefit information (rules about benefits)
You need help getting to health services	Ambulance services Your provider must obtain prior authorization for non-emergency transportation.	$0	$0 copay for ground $0 copay for air Requires a referral from your doctor. May require your provider to get prior authorization from the plan for in-network benefits.
	Emergency transportation	$0	
	Transportation to medical appointments and services	$0	36 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies.
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 Member Handbook for more information on these drugs. 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, & 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 Tier	$0 copay for a 30-day supply of Tier 1 preferred generic drugs Copays for prescription drugs may vary based on if you are receiving Extra Help. Please contact the plan for more details.	There may be limitations on the types of drugs covered. Please refer to UHC Dual Complete TX-Y1 (HMO-POS D-SNP)'s **List of Covered Drugs** (**Drug List**) for more information. Drug Coverage 30-day or 100-day supply from a retail network pharmacy. (Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.) If you **don't** qualify for Low-Income Subsidy (LIS), you pay the Medicare Part D cost-share outlined in the Evidence of Coverage. If you **do** qualify for Low-Income Subsidy (LIS) you pay: Generic (including brand drugs treated as generic): • $0, $1.60, or $5.10 copay • Drugs that are in Tier 1 are always $0 copay. (Some covered drugs are limited to a 30-day supply) All other drugs: • $0, $4.90, or $12.65 copay • Drugs that are in Tier 1 are always $0 copay. (Some covered drugs are limited to a 30-day supply)

If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983** (TTY **7-1-1**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information,** visit **UHCCommunityPlan.com**.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)			• You pay no more than 25% of the total drug cost or a $35 copay, whichever is lower, for each 1-month supply of Part D covered insulin drugs, even if you haven't paid your deductible, until you reach the Catastrophic Coverage stage where you pay $0. Once you or others on your behalf pay $2,100 you've reached the catastrophic coverage stage and you pay $0 for all your Medicare drugs. Read the **Member Handbook** for more information on this stage. Extended-day supplies are available at retail and/or mail order pharmacy locations at no extra cost to you.
	Over-the-counter (OTC) drugs	$0	There may be limitations on the types of drugs covered. Please refer to **List of Covered Drugs (Drug List)** for more information.
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	May require your provider to get prior authorization from the plan for in-network benefits.
	Dialysis services	$0	Requires a referral from your doctor. May require your provider to get prior authorization from the plan for in-network benefits.

If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983** (TTY **7-1-1**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information,** visit **UHCCommunityPlan.com**.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need foot care	Podiatry services	$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Orthotic services	$0	May require your provider to get prior authorization from the plan for in-network benefits.
You need durable medical equipment (DME)	Wheelchairs, crutches, and walkers	$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Nebulizers	$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Oxygen equipment and supplies	$0	May require your provider to get prior authorization from the plan for in-network benefits.
You need help living at home	Home health services	$0	Requires a referral from your doctor. May require your provider to get prior authorization from the plan for in-network benefits.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Services to help you live on your own (home health care services or personal care attendant services)	$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, & benefit information (rules about benefits)
Additional services (continued on next page)	Chiropractic services	$0	May require your provider to get prior authorization from the plan for in-network benefits.
	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. 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, & benefit information (rules about benefits)
Additional services (continued)	OTC, healthy food, utilities + wellness support	$185 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	
	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 from the plan for in-network benefits.
	Services to help manage your disease	$0	
	Home Telemonitoring for Certain Chronic Diseases	$0	
	Non-emergency transportation	$0	36 one-way trips/plan approved locations
	Adaptive Aids and Medical Supplies	$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Cognitive Rehabilitation Therapy	$0	

If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983** (TTY **7-1-1**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information,** visit **UHCCommunityPlan.com**.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Fitness program	$0	$0 Your fitness program helps you stay active and connected at the gym, from home or in your community. It's available to you at no cost and includes: • Free gym membership at core locations • Access to a large national network of gyms and fitness locations • On-demand workout videos and live streaming fitness classes • Online memory fitness activities

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Home and Community-Based Services (HCBS)	Respite Care (short-term care)	$0	
	Adult Foster Care	$0	
	Employment Assistance	$0	
	Financial Management Services	$0	
	Home Delivered Meals	$0	
	Minor Home Modifications	$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Hearing therapy	$0	
	Support Consultation (optional service that offers practical skills training and assistance)	$0	
	Supported Employment Services (assistance provided to sustain competitive employment)	$0	
	Transition Assistance Services	$0	
Community First Choice (CFC) services (for eligible members)	Personal Assistance Services (PAS)	$0	
	Habilitation Services	$0	
	Emergency Response Services (ERS)	$0	
	Support Management (training for members/authorized representatives on how to manage and dismiss their attendants)	$0	

If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983** (TTY **7-1-1**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information,** visit **UHCCommunityPlan.com**.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Day Activity and Health Services (DAHS)	Nursing and personal assistance services	$0	
	Therapy extension services	$0	
	Nutrition services	$0	
	Transportation services	$0	
	Other supportive personal assistance services	$0	

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 TX-Y1 (HMO-POS D-SNP) **Member Handbook**. If you don't have a **Member Handbook**, call UHC Dual Complete TX-Y1 (HMO-POS 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 **UHCCommunityPlan.com**.

D. Benefits covered outside of UHC Dual Complete TX-Y1 (HMO-POS D-SNP)

There are some services that you can get that aren't covered by UHC Dual Complete TX-Y1 (HMO-POS 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
Some hospice care services	$0
Pre-admission screening and resident review (PASRR)	$0

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

This is not a complete list. Call Member Services at the numbers listed at the bottom of this page or read the **Member Handbook** to find out about other excluded services.

Services UHC Dual Complete TX-Y1 (HMO-POS D-SNP), Medicare and Medicaid don't cover	
Services considered not "reasonable and necessary," according to the standards of Medicare and Texas Medicaid, unless these services are listed by our plan as covered services.	Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. Experimental treatment and items are those that are not generally accepted by the medical community.
Surgical treatment for morbid obesity, except when it is medically needed and Medicare covers it.	A private room in a hospital, except when it is medically needed.
Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will cover reconstruction of a breast after a mastectomy and for treating the other breast to match it.	Chiropractic care, other than diagnostic X-rays and manual manipulation (adjustments) of the spine to correct alignment consistent with Medicare and Texas Medicaid coverage guidelines.

F. Your rights as a member of the plan

As a member of UHC Dual Complete TX-Y1 (HMO-POS D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the **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 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 service 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 are covered.
  - Refuse treatment, even if your health care provider advises against it.
  - Stop taking medicine.
  - Ask for a second opinion. UHC Dual Complete TX-Y1 (HMO-POS 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 does not have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care.

If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983** (TTY **7-1-1**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information,** visit **UHCCommunityPlan.com**.

  - 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 approval (PA) 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.
  - Ask for an Independent Medical Review of Medicaid services or items that are medical in nature.
  - Appeal certain decisions made by our providers.
  - Ask for a State Fair Hearing.
  - If you've tried to resolve your complaint with UHC Dual Complete TX-Y1 (HMO-POS D-SNP) and believe the matter remains unresolved, you can contact the Office of the Ombudsman at 1-866-566-8989 and TTY: 1-800-735-2989.

For more information about your rights, you can read **Chapter 9** of the UHC Dual Complete TX-Y1 (HMO-POS D-SNP) **Member Handbook**. If you have questions, you can also call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) Member Services at the numbers listed at the bottom of this page.

You can also call the special Ombudsman for people who have Medicare and Medicaid at 1-866-566-8989, TTY 711, 8 a.m.–5 p.m. local time, Monday–Friday.

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

If you have a complaint or think UHC Dual Complete TX-Y1 (HMO-POS D-SNP) should cover something we denied, call Member Services at the numbers listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the UHC Dual Complete TX-Y1 (HMO-POS D-SNP) **Member Handbook.** You can also call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) Member Services at the numbers listed at the bottom of this page.

You can also write us a letter about your grievance (complaint) or appeal.

For complaints/grievances or medical appeals:

UnitedHealthcare Community Plan
Attn: Complaint and Appeals Department
P.O. Box 6103 MS CA120-0360
Cypress, CA 90630

For Part D or Texas Medicaid drug appeals only:

UnitedHealthcare Community Plan
Attn: Part D/Texas Medicaid Standard Appeals
P.O. Box 6103 MS CA120-0368
Cypress, CA 90630

H. What to do if you suspect fraud

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

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

- Call us at UHC Dual Complete TX-Y1 (HMO-POS D-SNP) Member Services. Phone numbers are listed at the bottom of this page.
- Or, call the Medicaid Customer Service Center at 1-512-424-6500. TTY users may call 1-512-424-6597.
- 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.

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health care providers, or a person getting benefits is doing something wrong. Doing something wrong could be fraud, waste, or abuse which is against the law. For example, tell us if you think someone is:

- Getting paid for services that weren't given or weren't necessary.
- Not telling the truth about a medical condition to get medical treatment.
- Letting someone else use their Texas Medicaid ID.
- Using someone else's Texas Medicaid ID.
- Not telling the truth about the amount of money or resources they have to get benefits.

If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983** (TTY **7-1-1**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information,** visit **UHCCommunityPlan.com**.

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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

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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, 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?
If your providers are not in the network, you will need to select a new network provider. You also have access to a large dental provider network. You can get care from out-of-network dental providers but your costs may be higher, even for services with a $0 copay.

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

You live in the plan's service area

How to enroll

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

Online

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

1. Enter your ZIP code
2. Navigate to the **Medicare Advantage** section
3. Look for the **UHC Dual Complete TX-Y1 (HMO-POS D-SNP)** plan and select the **Enroll** button
4. Complete the form and submit your enrollment

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

By phone

Call one of our Licensed Sales Representatives toll-free at **1-844-560-4944**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week to enroll over the phone or to schedule an appointment with an agent in your area.

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

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

Scan this code to complete your enrollment online

What to expect after you enroll

Once you're 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
- 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 TX-Y1 (HMO-POS D-SNP) H3868-001-000**

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 _____

H3868_ERF_2026_C CSTX26HP0321007_000

Do you have other insurance that will cover your prescription drugs? ☐ Yes ☐ No

(Examples: Other private insurance, TRICARE, federal employee coverage, VA benefits or state programs.)

If yes, what is it?

Name of other insurance

Member number	Group number	RxBin	RxPCN (optional)

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

How do you want to pay?

If you have a monthly plan premium (including any late enrollment penalty you may owe), you can pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. You can also pay from a bank account through Electronic Funds Transfer (EFT)*.

If you don't choose an option below, we'll send a bill each month to your mailing address.

If you must pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA),

Social Security (SS) will send you a letter and ask you how you want to pay it:

- ☐ You can pay it from your SS check
- ☐ Medicare can bill you
- ☐ The Railroad Retirement Board (RRB) can bill you

☐ I want to pay from my Social Security check

☐ I want to pay from my Railroad Retirement Board (RRB) check

☐ I want to pay directly from a bank account

Account type ☐ Checking ☐ Savings

Account holder name: _____

Bank routing number __/__/__/__/__/__/__/__/__

Bank account number__/__/__/__/__/__/__/__/__/__

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

A few questions to help us manage your plan

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

Enrollee name _____

Agent name/ID number _____

☐ English ☐ Spanish

☐ Braille ☐ Large print ☐ Audio CD ☐ Data CD ☐ Other_____

If you don't see the language or format you want, please call us toll-free at **1-844-560-4944**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week. Or visit **UHC.com/CommunityPlan** for online help. **If no selection is made, you will receive plan information in English.**

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

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

3. Do you or your spouse work? ☐ Yes ☐ No

Do you or your spouse have other health insurance that will cover medical services? (Examples: Other employer group coverage, LTD coverage, Workers' Compensation, auto liability, or Veterans benefits) ☐ Yes ☐ No

If yes, please complete the following:

Name of health insurance company

Member number

4. Please give us the name of your primary care provider (PCP), clinic or health center.

You can find a list on the plan website or in the Provider Directory.

Provider or PCP full name

Provider/PCP number	(Please enter the number exactly as it appears on the website or in the Provider Directory. It will be 10 to 12 digits. Don't include dashes.)

Are you now seeing or have you recently seen this provider? ☐ Yes ☐ No

Please read and sign

By completing this form, I agree to the following:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in UnitedHealthcare. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border. This plan covers emergency and urgent care outside of the U.S. See the Summary of Benefits for more information.
- I understand that when my UnitedHealthcare coverage begins, I must get all of my medical and prescription drug benefits from UnitedHealthcare. Benefits and services authorized by UnitedHealthcare and contained in my UnitedHealthcare "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor UnitedHealthcare will pay for benefits or services that are not covered.

Enrollee name _____

Agent name/ID number _____

- ☐ I understand that I can be enrolled in only one Medicare Advantage (MA) plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA Private Fee-for-Service (PFFS), MA Medicare Medical Savings Account (MSA) plans).
- ☐ **Release of information:** By joining this Medicare Advantage Plan, I acknowledge that the plan will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- ☐ I give UnitedHealthcare permission to share my protected health information with organizations or person(s) for permissible purposes under applicable law as required to administer my health plan.
- ☐ The information on this form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form I will be disenrolled from the plan.
- ☐ My response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

When I sign below, it means that I have read and understand the information on this form

If I sign as an authorized representative, it means I have the legal right under state law to sign. I can show written proof (power of attorney, guardianship, etc.) of this right if Medicare asks for it. I understand that I will need to submit written proof of this right, to the plan, if I wish to take action on behalf of the member beyond this application. After this application has been approved and I have received my UnitedHealthcare UCard®, I can call 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	

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

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

OMB No. 0938-1378
Expires: 12/31/2026
H3868_ERF_2026_C CSTX26HP0321007_000

Enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service Representative at the number listed on the back cover of this book.

Understanding the benefits

- ✔ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit our plan website or call to view a copy of the EOC. Our phone number and website are listed on the back cover of this book.
- ✔ Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ✔ Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ✔ Review the Formulary to make sure your drugs are covered.

Understanding important rules

- ✔ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medicaid or another third party. This premium is normally taken out of your Social Security check each month.
- ✔ Benefits may change on January 1 of each year.
- ✔ 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: MPDCSTX2

We're here to help. If you have additional questions, please call Customer Service 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 - H3868

For 2026, UnitedHealthcare - H3868 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 **866-944-4983** (toll-free) or **711** (TTY).

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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.

ማሳሰቢያ፡- አማርኛ (Amharic) የሚናገሩ ከሆነ፣ ነፃ የቋንቋ እገዛ አገልግሎቶች እና ነፃ ተግባቦቶች እንደ ትልቅ እትም ባሉ ሌሎች ቅርፀቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያ ካርድዎ ላይ ያለውን ነፃ የስልክ ቁጥር ይደውሉ።

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。

توجه: اگر به زبان **فارسی (Farsi)** صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

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.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistenzdienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

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.

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।

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.

लक्ष द्या: जर तुम्ही **मराठी** (Marathi) बोलत असल्यास, तर मोफत भाषा सहाय्य सेवा आणि इतर फॉरमॅटमध्ये मोफत संप्रेषणे, जसे की मोठ्या प्रिंट, तुमच्यासाठी उपलब्ध आहेत. तुमच्या सदस्य ओळखपत्रावरील टोल फ्री क्रमांकावर कॉल करा.

ध्यान दिनुहोस्: यदि तपाईंले **नेपाली** (Nepali) बोल्नुहुन्छ भने, नि:शुल्क भाषा सहायता सेवाहरू र अन्य ढाँचाहरूमा नि:शुल्क संचारहरू, जस्तै ठूलो छाप, तपाईंका लागि उपलब्ध छन्। आफ्नो सदस्य पहिचान कार्डमा रहेको टोल फ्री नम्बरमा कल गर्नुहोस्।

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.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

గమనించండి: మీరు **తెలుగు** (Telugu) మాట్లాడేవారైతే, మీకు ఉచిత భాషా సహాయ సేవలు మరియు పెద్ద ముద్రణ వంటి ఇతర ఫార్మాట్‌లలో కమ్యూనికేషన్‌లు ఉచితంగా లభిస్తాయి. వాటి కొరకు మీ మెంబరు ఐడింటిఫికేషన్ కార్డులోని టోల్-ఫ్రీ నెంబరుకి కాల్ చేయండి.

توجہ دیں: اگر آپ **اردو** (Urdu) زبان بولتے ہیں تو زبان کی معاون خدمات اور دیگر فارمیٹس میں مواصلات، جیسے بڑے پرنٹ، آپ کے لیے مفت دستیاب ہیں۔ اپنے ممبر شناختی کارڈ پر دیئے گئے ٹول فری نمبر پر کال کریں۔

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.

ÀKÍYÈSÍ: Tí o bá ń ṣọ **Yorùbá** (Yoruba), àwọn iṣẹ́ àtìlẹ́yìn èdè ọ̀fẹ́ àti àwọn ìbániṣọ̀rọ̀ nínú àwọn ìgúnrégé, bí àwọn àtẹ̀jáde ńlá, wà fún ọ. Pe nọ́mbà tí kò nílò owó lórí káàdì ìdánimọ̀ ọmọ ẹgbẹ́ rẹ.

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