



Annual Notice of Changes 2023

UnitedHealthcare Dual Complete® ONE (HMO D-SNP)



Toll-free 1-800-514-4911, TTY 711
8am–8pm: 7 Days Oct–Mar; M–F Apr–Sept.



myuhc.com/CommunityPlan

Do we have the right address for you?

Please let us know so we can keep you informed about your plan.

**United
Healthcare**

Find updates to your plan for next year

This notice provides information about updates to your plan, but it doesn't include all of the details. Throughout this notice you will be directed to **myuhc.com/CommunityPlan** to review the details online. All of these documents will be available online by October 15, 2022.

Provider and Pharmacy Directory

Review the 2023 Provider and Pharmacy Directory online to make sure your providers (primary care provider, specialists, hospitals, etc.) and pharmacies will be in the network next year.

Drug List (Formulary)

Review the 2023 Drug List for new restrictions and to make sure the drugs you take will be covered next year. The Drug List is a full list of drugs covered by your plan.

Evidence of Coverage (EOC)

Review your 2023 EOC for details about what your plan covers and other details. The EOC is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. It also has information about the quality program, how medical coverage decisions are made and your Rights and Responsibilities as a member.

Would you rather get paper copies?

If you want a paper copy of any of the documents listed above, please contact our Customer Service at **1-800-514-4911** (TTY users should call **711**). Hours are 8am–8 pm: 7 Days Oct–Mar; M–F Apr–Sept.

Annual Notice of Changes for 2023



You are currently enrolled as a member of UnitedHealthcare Dual Complete ONE (HMO D-SNP).

Next year, there will be changes to the plan's benefits. Please see page 5 for a Summary of Important Costs, including Premium.

This document tells about the changes to your plan. To get more information about benefits or rules please review the Evidence of Coverage, which is located on our website at myuhc.com/CommunityPlan. You may also call Member Services to ask us to mail you an Evidence of Coverage.

What to do now

1. Ask: Which changes apply to you

- ☐ Check the changes to our benefits to see if they affect you.
 - Review the changes to our drug coverage, including authorization requirements
- ☐ Check the changes in the 2023 List of Covered Drugs (Formulary) to make sure the drugs you currently take are still covered.
- ☐ Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- ☐ Think about whether you are happy with our plan.

2. Compare: Learn about other plan choices

- ☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) website or review the list in the back of your **Medicare & You 2023** handbook.
- ☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

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

- If you don't join another plan by December 7, 2022, you will stay in UnitedHealthcare Dual Complete® ONE (HMO D-SNP).
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with UnitedHealthcare Dual Complete® ONE (HMO D-SNP).
- Look in Section 4, page 11 to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional resources

- This document is available for free in Spanish. Please contact our Customer Service number at **1-800-514-4911** for additional information. (TTY users should call **711**.) Hours are 8am–8pm: 7 Days Oct–Mar; M–F Apr–Sept.
- Este documento está disponible sin costo en español. Comuníquese con nuestro número de Servicio al Cliente al **1-800-514-4911** para obtener información adicional (los usuarios de TTY deben llamar al **711**). El horario de atención es de 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.
- The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.
- We provide free services to help you communicate with us such as letters in other languages, braille, large print, audio. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at **irs.gov/Affordable-Care-Act/Individuals-and-Families** for more information.

About UnitedHealthcare Dual Complete® ONE (HMO D-SNP)

- UnitedHealthcare Dual Complete ONE (HMO D-SNP) is a Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) with a Medicare contract. The plan also has a written agreement with the New Jersey Medicaid program to coordinate your Medicaid benefits. Enrollment in UnitedHealthcare Dual Complete ONE depends on contract renewal.
- Members must use network plan providers, pharmacies, DME (Durable Medical Equipment) suppliers, and follow the rules on referrals.
- Members will be enrolled into Medicare Part D prescription drug coverage under the plan and will be automatically disenrolled from any other Medicare Advantage or Medicare Part D prescription drug coverage.
- When this document says “we,” “us,” or “our,” it means UnitedHealthcare or one of its affiliates. When it says “plan” or “our plan,” it means UnitedHealthcare Dual Complete® ONE (HMO D-SNP).
- Benefits vary by plan/area. Limitations and exclusions apply.

Annual Notice of Changes for 2023

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Summary of important costs for 2023

The table below compares the 2022 costs and 2023 costs for UnitedHealthcare Dual Complete® ONE (HMO D-SNP) in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this plan year)	2023 (next plan year)
Monthly plan premium	\$0 premium	\$0 premium
Doctor office visits	Primary care visits: \$0 per visit Specialist visits: \$0 per visit	Primary care visits: \$0 per visit Specialist visits: \$0 per visit
Inpatient hospital stays	\$0 copayment per admission.	\$0 copayment per admission.
Part D prescription drug coverage (See Section 1.6 for details.)	You pay \$0 per prescription. Deductible \$0	You pay \$0 per prescription. Deductible \$0
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)	\$0 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$0 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

Section 1 **Changes to benefits for next plan year**

Section 1.1 **Changes to the monthly premium**

Cost	2022 (this plan year)	2023 (next plan year)
Monthly plan premium (Your Medicare Part B premium is paid for you by Medicaid.)	\$0 Premium	\$0 Premium

Section 1.2 **Changes to your maximum out-of-pocket amount**

Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

Cost	2022 (this plan year)	2023 (next plan year)
Maximum out-of-pocket amount Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.	\$0	\$0

Section 1.3 **Changes to the provider and pharmacy networks**

There are changes to our network of providers for next year. An updated **Provider and Pharmacy Directory** is located on our website at myuhc.com/CommunityPlan. You may also call Customer Service for updated provider information or to ask us to mail you a **Provider and Pharmacy Directory**. **Please review the 2023 Provider and Pharmacy Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2023 Provider and Pharmacy Directory to see which pharmacies are in our network.**

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

Section 1.4 Changes to benefits

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

We are making changes to benefits for certain medical services next year. The information below describes these changes. For details about the coverage for these services, see Chapter 4, **Medical Benefits Chart (what is covered), in your 2023 Evidence of Coverage**. A copy of the **Evidence of Coverage** is located at our website at myuhc.com/CommunityPlan. You may also call Customer Service to ask us to mail you an **Evidence of Coverage**.

Benefits	2022 (this year)	2023 (next year)
Home Support Services	Not Covered	\$150 credit per quarter to spend on extra support at home like companionship, pest control, home repair and errands. Your credit amount expires at the end of the year.
Meal Benefit	You pay a \$0 copayment for up to 42 meals for 21 days, 2 times a year after a hospital stay.	You pay a \$0 copayment for up to 28 meals for 14 days, unlimited times a year after a hospital stay.
Food, over-the-counter (OTC) and utility bill credit	\$225 credit a month on a prepaid card for over-the-counter products and healthy food. Your credit amount expires at the end of each month. Utilities not covered.	\$300 credit a month loaded to your UnitedHealthcare UCard™ for over-the-counter products, healthy food and certain utility bills. Your credit amount expires at the end of each month. See your Evidence of Coverage for more information.

Section 1.5 Changes to Part D prescription drug coverage

Changes to our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our List of Covered Drugs (Formulary) is provided electronically.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 8 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

Section 2 Deciding which plan to choose

Section 2.1 If you want to stay in UnitedHealthcare® Dual Complete ONE (HMO D-SNP)

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2023.

Section 2.2 If you want to change plans

We hope to keep you as a member next plan year but if you want to change for 2023 follow these steps:

Step 1: Learn about and compare your choices

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

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)), read the **Medicare & You 2023** handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 6.2).

Step 2: Change your coverage

To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from UnitedHealthcare Dual Complete® ONE (HMO D-SNP).

- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from UnitedHealthcare Dual Complete® ONE (HMO D-SNP).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do so.

- — **OR** — Contact **Medicare**, at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call **1-877-486-2048**.

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

Section 3 Changing plans

If you want to change to a different plan or Original Medicare for next year, you can do it from October 15 until December 7. The change will take effect on January 1, 2023.

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

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

If you enrolled in a Medicare Advantage plan for January 1, 2023, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

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

Section 4 Programs that offer free counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In New Jersey, the SHIP is called the State Health Insurance Assistance Program (SHIP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHIP at 1-800-792-8820. You can learn more about SHIP by visiting their website (state.nj.us/humanservices/doas/services/ship/).

For questions about your NJ FamilyCare (Medicaid) benefits, contact the Division of Medical Assistance and Health Services toll-free at **1-800-701-0710** (TTY **711**), 8:30 a.m.–4:45 p.m. local time, Monday–Friday. Ask how joining another plan or returning to Original Medicare affects how you get your NJ FamilyCare (Medicaid) coverage.

Section 5 Questions?

Section 5.1 Getting help from UnitedHealthcare® Dual Complete ONE (HMO D-SNP)

Questions? We're here to help. Please call Customer Service at **1-800-514-4911**. (TTY only, call **711**.) We are available for phone calls 8am–8pm: 7 Days Oct–Mar; M–F Apr–Sept. Calls to these numbers are free.

Read your 2023 Evidence of Coverage (it has details about next year's benefits)

This **Annual Notice of Changes** gives you a summary of changes in your benefits for 2023. For details, look in the 2023 **Evidence of Coverage** for UnitedHealthcare Dual Complete® ONE (HMO D-SNP). The **Evidence of Coverage** is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the **Evidence of Coverage** is located at our website at myuhc.com/CommunityPlan. You may also call Customer Service to ask us to mail you an **Evidence of Coverage**.

Visit our website

You can also visit our website at myuhc.com/CommunityPlan. As a reminder, our website has the most up-to-date information about our provider network (**Provider and Pharmacy Directory**) and our list of covered drugs (**Formulary/Drug List**).

Section 5.2 Getting help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

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

Read the Medicare & You 2023

Read **Medicare & You 2023** handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Section 5.3 Getting help from Medicaid

To get information from NJ FamilyCare (Medicaid), you can call the Division of Medical Assistance and Health Services at **1-800-701-0710**. TTY users should call **711**.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, please call us using the toll-free number on your member identification card. Someone who speaks your language can help you. This is a free service.

Spanish: Contamos con servicios gratuitos de intérprete para responder cualquier pregunta que pudiera tener sobre nuestro plan de salud o de medicamentos. Para obtener los servicios de un intérprete, llámenos al número de teléfono gratuito que figura en su tarjeta de identificación de miembro. Una persona que habla su idioma podrá ayudarle. Es un servicio gratuito.

Chinese Mandarin: 我们提供免费口译服务，解答您对我们的健康或药物计划的任何疑问。如需寻找一名口译员，请使用您的会员身份证上的免费电话号码联系我们。一名与您讲相同语言的人可以为您提供帮助。这是一项免费服务。

Chinese Cantonese: 我們提供免費的口譯服務，可回答您可能對我們的健康或藥物計劃的任何問題。如需口譯員，請撥打您的會員識別卡上的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

Tagalog: Mayroon kaming libreng serbisyo ng interpreter para sagutin anumang tanong na maaaring mayroon ka tungkol sa kalusugan o plano ng gamot. Para makakuha ng interpreter, pakitawagan kami gamit ang libreng numero sa iyong kard ng pagkakakilanlan ng kasapi. Sinumang nagsasalita ng wika mo ay puwedeng makatulong sa iyo. Ang serbisyong ito ay libre.

French: Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser sur notre régime d'assurance maladie ou d'assurance-médicaments. Pour recevoir l'aide d'un interprète, veuillez nous appeler en composant le numéro gratuit figurant sur votre carte d'identification de membre. Quelqu'un parlant votre langue peut vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch viên miễn phí để trả lời các câu hỏi mà bạn có về chương trình sức khỏe hay thuốc của chúng tôi. Để gặp thông dịch viên, vui lòng gọi cho chúng tôi theo số điện thoại miễn phí trên thẻ nhận dạng thành viên của bạn. Người nói cùng ngôn ngữ với bạn có thể giúp bạn. Đây là dịch vụ miễn phí.

German: Wir verfügen über kostenlose Dolmetscherdienste, um alle Fragen zu beantworten, die Sie über unseren Gesundheits- oder Medikamentenplan haben mögen. Um einen Dolmetscher zu erhalten, rufen Sie uns bitte unter der kostenfreien Nummer auf Ihrem Mitgliedsausweis an. Jemand, der Ihre Sprache spricht, kann Ihnen helfen. Dies ist eine kostenlose Dienstleistung.

Korean: 건강 또는 의약품 플랜에 관한 질문에 답변해드리기 위해 무료 통역 서비스를 제공합니다. 통역 서비스를 이용하려면, 가입자 ID 카드에 있는 수신자 부담 전화번호로 전화해 주십시오. 한국어를 사용하는 통역사가 도움을 드릴 수 있습니다. 이 서비스는 무료입니다.

Russian: Если у Вас возникнут какие-либо вопросы о нашем плане медицинского страхования или плане по приобретению препаратов, мы предоставим Вам бесплатные услуги устного перевода. Для того чтобы воспользоваться услугами устного перевода, пожалуйста, свяжитесь с нами по бесплатному номеру телефона, указанному на Вашей идентификационной карте участника плана. Сотрудник, который говорит на Вашем языке, сможет Вам помочь. Данная услуга предоставляется бесплатно.

Arabic: لدينا خدمات ترجمة فورية للرد على أي أسئلة قد تكون لديك حول الخطة الصحية أو خطة الأدوية الخاصة بنا. للحصول على مترجم، اتصل بنا باستخدام رقم الهاتف المجاني على بطاقة تعريف عضويتك. سيساعدك شخص ما يتحدث لغتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं मौजूद हैं। दुभाषिया पाने के लिए, कृपया अपने सदस्य पहचान पत्र पर टोल-फ्री नंबर का उपयोग करके हमें कॉल करें। आपकी भाषा बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Mettiamo a disposizione un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per avvalersi di un interprete, si prega di chiamare il numero verde riportato sulla tessera identificativa. Una persona che parla italiano potrà fornire l'assistenza richiesta. Il servizio è gratuito.

Portuguese: Dispomos de serviços de intérprete gratuitos para esclarecer quaisquer dúvidas que tenha sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número gratuito no seu cartão de identificação de membro. Alguém que fala a sua língua pode ajudá-lo(a). Este é um serviço gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou gendwa genyen konsènan plan sante ouwa medikaman nou an. Pou jwenn yon entèprèt, tanpri rele nou apati nimewo apèl gratis ki sou kat idantifikasyon kòm manm ou an. Yon moun ki pale lang ou ka ede ou. Sa se yon sèvis gratis.

Polish: Oferujemy bezpłatne usługi tłumaczeniowe, aby odpowiedzieć na wszelkie pytania dotyczące naszego planu ubezpieczenia zdrowotnego lub planu refundacji leków. Aby skorzystać z pomocy tłumacza, proszę zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej członka planu. Osoba posługująca się Pana/Pani językiem Panu/Pani pomoże. Usługa ta jest bezpłatna.

Japanese: 当社の医療または処方薬プランに関する質問にお答えするために、無料の通訳サービスをご利用いただけます。通訳が必要な場合には、会員IDカードに記載されているフリーダイヤル番号を使用して、当社までお問い合わせください。お客様の言語を話す通訳者がお手伝いいたします。これは無料のサービスです。

UnitedHealthcare Dual Complete® ONE (HMO D-SNP)

Customer Service:



Call 1-800-514-4911

Calls to this number are free. 8am–8pm: 7 Days Oct–Mar; M–F Apr–Sept. Customer Service also has free language interpreter services available for non-English speakers.

TTY 711

Calls to this number are free. 8am–8pm: 7 Days Oct–Mar; M–F Apr–Sept.



Write UnitedHealthcare Customer Service

PO Box 30769

Salt Lake City, UT 84130-0769



Website myuhc.com/CommunityPlan