

# 2018 SUMMARY OF BENEFITS



## Overview of your plan

**UnitedHealthcare Dual Complete® (HMO SNP)**

H3113-010

Look inside to learn more about the health services and drug coverages the plan provides.  
Call Customer Service or go online for more information about the plan.



**Toll-Free 1-888-834-3721, TTY 711**  
**8 a.m. - 8 p.m. local time, 7 days a week**



**[www.UHCCommunityPlan.com](http://www.UHCCommunityPlan.com)**



Our service area includes these counties in:

**Rhode Island:** Bristol, Kent, Newport, Providence, Washington.

# Summary of Benefits

**January 1st, 2018 - December 31st, 2018**

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at [www.UHCCommunityPlan.com](http://www.UHCCommunityPlan.com) or you can call Customer Service with questions you may have. You get an EOC when you enroll in the plan.

## About this plan.

UnitedHealthcare Dual Complete® (HMO SNP) is a Medicare Advantage HMO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed inside the cover, and be a United States citizen or lawfully present in the United States.

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and Medicaid, and don't pay anything for covered medical services. How much Medicaid covers depends on your income, resources and other factors. Some people get full Medicaid benefits.

Your eligibility to enroll in this plan depends on your type of Medicaid.

You can enroll in this plan if you are in one of these Medicaid categories:

- **Qualified Medicare Beneficiary Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance and copayment amounts.
- **Qualified Medicare Beneficiary (QMB):** You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance and copayments amounts only.
- **Specified Low-Income Medicare Beneficiary (SLMB+):** You get full Medicaid benefits, and Medicaid pays your Part B premium.
- **Full Benefits Dual Eligible (FBDE):** Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits.

**If you are a QMB or QMB+ Beneficiary:** You pay nothing, except for Part D prescription drug copays.

**If you are a SLMB+ or FBDE:** You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from Executive Office of Health and Human Services (EOHHS) in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

If your category of Medicaid eligibility changes, your cost share may also increase or decrease. You must recertify your Medicaid enrollment to continue to receive your Medicare coverage.

**What benefits does each eligibility level cover?**

<b>Eligibility Level</b>	<b>Part A Premium</b>	<b>Part B Premium</b>	<b>Part D Premium<sup>1</sup></b>	<b>Medicare deductibles, copays, coinsurance</b>	<b>Full Medicaid Benefits</b>
<b>QMB Only</b>	Yes	Yes	No <sup>2</sup>	Yes	No
<b>QMB Plus</b>	Yes	Yes	No <sup>2</sup>	Yes	Yes
<b>SLMB Plus</b>	No	Yes	No <sup>2</sup>	Varies by state	Yes
<b>FBDE</b>	No	Varies by state	No	Varies by state	Yes

<sup>1</sup>Low Income Subsidy may be available to help with Part D premium cost.

<sup>2</sup>QMBs are automatically enrolled in the low income subsidy program to cover Part D premium costs and will not have Part D premium expenses.

**Use network providers and pharmacies.**

UnitedHealthcare Dual Complete® (HMO SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers or pharmacies that are not in our network, the plan may not pay for those services or drugs, or you may pay more than you pay at an in-network pharmacy.

You can go to [www.UHCCommunityPlan.com](http://www.UHCCommunityPlan.com) to search for a network provider or pharmacy using the online directories. You can also view the plan formulary (drug list) to see what drugs are covered, and if there are any restrictions.

# UnitedHealthcare Dual Complete® (HMO SNP)

<b>Premiums and Benefits</b>	<b>In-Network</b>
<b>Monthly Plan Premium</b>	There is no monthly premium for this plan.
<b>Annual Medical Deductible</b>	This plan does not have a deductible.
<b>Maximum Out-of-Pocket Amount (does not include prescription drugs)</b>	\$0 annually for Medicare-covered services from in-network providers.

# UnitedHealthcare Dual Complete® (HMO SNP)

Benefits		In-Network
Inpatient Hospital		\$0 copay per day, up to 90 days
		Our plan covers 90 days for an inpatient hospital stay.
Outpatient Hospital, Including Observation		\$0 copay
Doctor Visits	Primary	\$0 copay
	Specialists	\$0 copay
Preventive Care	Medicare-covered	\$0 copay
		<ul style="list-style-type: none"> <li>Abdominal aortic aneurysm screening</li> <li>Alcohol misuse counseling</li> <li>Annual “Wellness” visit</li> <li>Bone mass measurement</li> <li>Breast cancer screening (mammogram)</li> <li>Cardiovascular disease (behavioral therapy)</li> <li>Cardiovascular screening</li> <li>Cervical and vaginal cancer screening</li> <li>Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li>Depression screening</li> <li>Diabetes screenings and monitoring</li> <li>Hepatitis C screening</li> <li>HIV screening</li> <li>Lung cancer with low dose computed tomography (LDCT) screening</li> <li>Medical nutrition therapy services</li> <li>Medicare Diabetes Prevention Program (MDPP)</li> <li>Obesity screenings and counseling</li> <li>Prostate cancer screenings (PSA)</li> <li>Sexually transmitted infections screenings and counseling</li> <li>Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>Vaccines, including flu shots, hepatitis B shots, pneumococcal shots</li> <li>“Welcome to Medicare” preventive visit (one-time)</li> </ul>

**Benefits****In-Network**

		Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.
<b>Emergency Care</b>		\$0 copay (\$0 copay for worldwide coverage) per visit If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital Care” section of this booklet for other costs.
<b>Urgently Needed Services</b>		\$0 copay
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b>	Diagnostic radiology services (e.g. MRI)	\$0 copay per service
	Lab services	\$0 copay
	Diagnostic tests and procedures	\$0 copay per service
	Therapeutic Radiology	\$0 copay
	Outpatient X-rays	\$0 copay per service
<b>Hearing Services</b>	Exam to diagnose and treat hearing and balance issues	\$0 copay
<b>Routine Dental Services</b>	Preventive	\$0 copay for covered services (exam, cleaning, x-rays)
	Comprehensive	\$0 copay for covered services
	Benefit limit	\$2,000 limit on all covered dental services

<b>Benefits</b>		<b>In-Network</b>
<b>Vision Services</b>	Exam to diagnose and treat diseases and conditions of the eye	\$0 copay
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$0 copay Up to 1 every year
	Eyewear	\$0 copay every year; up to \$150 for lenses/frames and contacts
<b>Mental Health</b>	Inpatient visit	\$0 copay per day, up to 90 days
		Our plan covers 90 days for an inpatient hospital stay.
	Outpatient group therapy visit	\$0 copay
	Outpatient individual therapy visit	\$0 copay
<b>Skilled Nursing Facility (SNF)</b>		\$0 copay per day: days 1-20 \$0 copay per day: for days 21-100
		Our plan covers up to 100 days in a SNF.
<b>Physical therapy and speech and language therapy visit</b>		\$0 copay
<b>Ambulance</b>		\$0 copay
<b>Routine Transportation</b>		Not covered
<b>Medicare Part B Drugs</b>	Chemotherapy drugs	\$0 copay
	Other Part B drugs	\$0 copay



## Prescription Drugs

If you don't qualify for Low-Income Subsidy (LIS), you pay the Medicare Part D cost share outlined in the Evidence of Coverage. If you do qualify for Low-Income Subsidy (LIS) you pay:

<b>Annual Prescription Deductible</b>	Your deductible amount is either \$0 or \$83, depending on the level of "Extra Help" you receive.
<b>30-day or 90-day supply from retail network pharmacy</b>	
<b>Generic (including brand drugs treated as generic)</b>	\$0, \$1.25, \$3.35 copay, or 15% of the total cost
<b>All Other Drugs</b>	\$0, \$3.70, \$8.35 copay, or 15% of the total cost

Additional Benefits		In-Network
<b>Chiropractic Care</b>	Manual manipulation of the spine to correct subluxation	\$0 copay
<b>Diabetes Management</b>	Diabetes monitoring supplies	\$0 copay We only cover blood glucose monitors and test strips from the following brands: OneTouch Ultra®2, OneTouch UltraMini®, OneTouch Verio®, OneTouch Verio® IQ, OneTouch Verio® Flex, ACCU-CHEK® Nano SmartView, ACCU-CHEK® Aviva Plus, ACCU-CHEK® Guide, and ACCU-CHEK® Aviva Connect
	Diabetes Self-management training	\$0 copay
	Therapeutic shoes or inserts	\$0 copay
<b>Durable Medical Equipment (DME) and Related Supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen)	\$0 copay
	Prosthetics (e.g., braces, artificial limbs)	\$0 copay
<b>Fitness through Fitbit®</b>		Get a Fitbit® activity tracker at no additional cost to you. This device may help you improve or maintain good health by tracking your physical activity and exercise.
<b>Foot Care (podiatry services)</b>	Foot exams and treatment	\$0 copay
	Routine foot care	\$0 copay; for each visit up to 4 visits every year
<b>Home Health Care</b>		\$0 copay
<b>Hospice</b>		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.

<b>Additional Benefits</b>		<b>In-Network</b>
<b>Occupational Therapy Visit</b>		\$0 copay
<b>Outpatient Substance Abuse</b>	Outpatient group therapy visit	\$0 copay
	Outpatient individual therapy visit	\$0 copay
<b>Outpatient Surgery</b>		\$0 copay
<b>Health Products Benefit</b>		\$100 credit per quarter to use on approved health products.
<b>Renal Dialysis</b>		\$0 copay

# Medicaid Benefits

Information for People with Medicare and Medicaid. Your services are paid first by Medicare and then by Medicaid.

The benefits described below are covered by Medicaid. You can see what Executive Office of Health and Human Services (EOHHS) covers and what our plan covers. If a benefit is used up or not covered by Medicare, then Medicaid may provide coverage. This depends on your type of Medicaid coverage.

Coverage of the benefits described below depends upon your level of Medicaid eligibility. No matter what your level of Medicaid eligibility is, UnitedHealthcare Dual Complete® (HMO SNP) will cover the benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Executive Office of Health and Human Services (EOHHS), 1-401-462-5274.

Medicaid may pay your Medicare cost sharing amount, but it will depend on you Medicaid eligibility level. If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share. Please see your Medicaid Member Handbook for details on the cost sharing and additional benefits covered.

Benefit	Medicaid	UnitedHealthcare Dual Complete® (HMO SNP)
<b>23-Hour Observation Bed</b>	Covered	Not Covered beyond Original Medicare
<b>Adult Day Care</b>	Covered	Not Covered beyond Original Medicare
<b>Adult Health Screening</b>	Covered	Not Covered beyond Original Medicare
<b>Allergy Test Allergy shots</b>	Covered	Not Covered beyond Original Medicare
<b>Ambulance</b>	Covered	Covered
<b>Anesthesia (Not including Pain Management)</b>	Covered	Not Covered beyond Original Medicare
<b>Assertive Community Treatment (ACT) (limited to 18 years and older)</b>	Covered	Not Covered beyond Original Medicare
<b>Cardiac Catheterization</b>	Covered	Not Covered beyond Original Medicare
<b>Cardiac Rehab Therapy</b>	Covered	Not Covered beyond Original Medicare
<b>Case Management</b>	Covered	Covered

Benefit	Medicaid	UnitedHealthcare Dual Complete® (HMO SNP)
<b>Chemotherapy and Radiation</b>	Covered	Not Covered beyond Original Medicare
<b>Chemotherapy Services</b>	Covered	Not Covered beyond Original Medicare
<b>Child Health Screenings/ Checkups (EPSDT Screening Services)</b>	Covered	Not Covered beyond Original Medicare
<b>Chiropractic Care</b>	Covered under 21 Not Covered over 21	Covered
<b>Circumcisions</b>	Covered	Covered
<b>Cochlear Implants</b>	Covered	Not Covered beyond Original Medicare
<b>Colorectal Prostate Screening Exams</b>	Covered	Not Covered beyond Original Medicare
<b>Community Psychiatric Support and Treatment (CPST)</b>	Covered	Not Covered beyond Original Medicare
<b>Contraceptive Services</b>	Covered	Not Covered beyond Original Medicare
<b>Crisis Intervention (CI)</b>	Covered	Not Covered beyond Original Medicare
<b>Dental Services</b>	Covered	Covered
<b>Diabetes Supplies and Services</b>	Covered	Covered
<b>Diabetic Education</b>	Covered	Covered
<b>Diabetic Supplies and Glucose Meters</b>	Covered	Covered
<b>Diagnostic Tests Lab and Radiology Services and X-Rays</b>	Covered	Covered
<b>Diapers or Incontinence Briefs</b>	Covered	Not Covered beyond Original Medicare
<b>Doctor Office Visits</b>	Covered	Covered
<b>Durable Medical Equipment</b>	Covered	Covered
<b>Electroconvulsive Therapy (ECT)</b>	Covered	Not Covered beyond Original Medicare

Benefit	Medicaid	UnitedHealthcare Dual Complete® (HMO SNP)
Emergency Care	Covered	Covered
Extended Services for Pregnant Women	Covered	Covered
Family Planning	Covered	Covered
Federally Qualified Health Centers (FQHCs)	Covered	Not Covered beyond Original Medicare
Foot Care	Covered	Covered
Gastric Bypass (Bariatric Bypass)	Covered	Not Covered beyond Original Medicare
Gender Dysphoria (Sex Change Operation)	Covered	Not Covered beyond Original Medicare
Genetic Testing	Covered	Not Covered beyond Original Medicare
Health Risk Assessment & Wellness Screenings	Covered	Covered
Hearing Aids	Covered	Not Covered beyond Original Medicare
Hearing Services	Covered	Covered
HIV/AIDS Testing & Treatment	Covered	Not Covered beyond Original Medicare
Home and Community-Based Services (HCBS)	Covered	Not Covered beyond Original Medicare
Home Care Services	Covered	Not Covered beyond Original Medicare
Home Health Care	Covered	Covered
Home Physician Visits	Covered	Not Covered beyond Original Medicare
Home Uterine Monitoring	Covered	Not Covered beyond Original Medicare
Hospice	Covered	Covered
Human Papillomavirus	Covered	Not Covered beyond Original Medicare
Hysterectomy	Covered	Not Covered beyond Original Medicare
Immunization for 19 and 20	Covered	Not Covered beyond Original Medicare

Benefit	Medicaid	UnitedHealthcare Dual Complete® (HMO SNP)
<b>Immunization over 21</b>	Covered	Not Covered beyond Original Medicare
<b>Infusion Therapy</b>	Covered	Not Covered beyond Original Medicare
<b>Injectable Drugs</b>	Covered	Covered
<b>Inpatient Hospital Care</b>	Covered	Covered
<b>Inpatient Mental Health Care</b>	Covered	Covered
<b>Inpatient Psychiatric Services</b>	Covered	Covered
<b>Inpatient Psychiatric Services (Under 21)</b>	Covered	Covered
<b>Intermediate Care Facilities</b>	Covered	Covered
<b>Interpreter Service</b>	Covered	Not Covered beyond Original Medicare
<b>Lap Band Adjustments</b>	Covered	Not Covered beyond Original Medicare
<b>Mammogram</b>	Covered	Covered
<b>Mastectomy</b>	Covered	Not Covered beyond Original Medicare
<b>Maternity Care</b>	Covered	Not Covered beyond Original Medicare
<b>Medical Records Transfer</b>	Covered	Not Covered beyond Original Medicare
<b>Mental Health Care</b>	Covered	Covered
<b>Methadone Maintenance Treatment Programs (MMTP)</b>	Covered	Covered
<b>Midwife Services (Certified Nurse Midwife)</b>	Covered	Not Covered beyond Original Medicare
<b>Neuro-Psychological Testing (Not Psychiatrist)</b>	Covered	Not Covered beyond Original Medicare
<b>Newborn</b>	Covered	Not Covered beyond Original Medicare
<b>Nutrition Counseling</b>	Covered	Not Covered beyond Original Medicare

Benefit	Medicaid	UnitedHealthcare Dual Complete® (HMO SNP)
<b>Nutrition Services</b>	Covered	Not Covered beyond Original Medicare
<b>OB/GYN Exams</b>	Covered	Covered
<b>Obesity Surgery</b>	Covered	Not Covered beyond Original Medicare
<b>Orthographic Surgery</b>	Covered	Not Covered beyond Original Medicare
<b>Outpatient hospital services</b>	Covered	Covered
<b>Over-the-Counter Items</b>	Covered	Covered
<b>Pain Management</b>	Covered	Not Covered beyond Original Medicare
<b>Pap Smears and Pelvic Exams (for women with Medicare)</b>	Covered	Covered
<b>Pediatric Day Health Care (PDHC)</b>	Covered	Not Covered beyond Original Medicare
<b>Personal Care Services</b>	Covered	Not Covered beyond Original Medicare
<b>Pre/post natal care</b>	Covered	Covered
<b>Pregnancy Testing</b>	Covered	Not Covered beyond Original Medicare
<b>Prenatal Care Services</b>	Covered	Not Covered beyond Original Medicare
<b>Prescription Drug Benefits</b>	Covered	Covered
<b>Preventive Care</b>	Covered	Covered
<b>Private Duty Nursing</b>	Covered	Covered
<b>Prosthetic Devices</b>	Covered	Covered
<b>Radiology and Medical Imaging</b>	Covered	Covered
<b>Reconstructive Surgery</b>	Covered	Not Covered beyond Original Medicare
<b>Renal Dialysis</b>	Covered	Covered
<b>Respiratory Therapy</b>	Covered	Not Covered beyond Original Medicare
<b>Respite Services</b>	Covered	Not Covered beyond Original Medicare



Benefit	Medicaid	UnitedHealthcare Dual Complete® (HMO SNP)
<b>Second Opinion</b>	Covered	Covered
<b>Services of Other Practitioners</b>	Covered	Covered
<b>Skilled Nursing Facility (SNF)</b>	Covered	Covered
<b>Sleep Study</b>	Covered	Not Covered beyond Original Medicare
<b>Smoking Cessation Products and Programs</b>	Covered	Not Covered beyond Original Medicare
<b>Specialty Drugs - Injectable</b>	Covered	Covered
<b>Specialty Physicians Services</b>	Covered	Covered
<b>TMJ (Temporomandibular Joint)</b>	Covered	Not Covered beyond Original Medicare
<b>Transplants</b>	Covered	Not Covered beyond Original Medicare
<b>Transportation (Routine)</b>	Covered	Not Covered
<b>Urgent Care</b>	Covered	Covered
<b>Urgently Needed Services</b>	Covered	Covered
<b>Vasectomy</b>	Covered	Not Covered beyond Original Medicare
<b>Vision Services</b>	Covered under 21 Not Covered over 21	Covered
<b>Well baby well child visits and immunizations</b>	Covered	Covered
<b>Wigs</b>	Covered	Not Covered beyond Original Medicare
<b>Women s Health Services</b>	Covered	Not Covered beyond Original Medicare

## Required Information

This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply.

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

Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year.

Premiums, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90 day supply of your maintenance medication.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. This plan is available to anyone who has both Medicare and full Medicaid eligibility. Enrollment in the plan depends on contract renewal with Medicare.

If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at <https://www.medicare.gov> or get a copy 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.

## Vendor Information

Before contacting any of the providers below you must be fully enrolled in UnitedHealthcare Dual Complete® (HMO SNP).

<b>Benefit Type</b>	<b>Vendor Name</b>	<b>Contact Information</b>
<b>Vision Care</b>	Plan network providers in your service area	1-866-480-1086, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week <a href="http://www.UHCCommunityPlan.com">www.UHCCommunityPlan.com</a>
<b>Dental Services</b>	UnitedHealthcare Dental	1-866-480-1086, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week <a href="http://www.UHCCommunityPlan.com">www.UHCCommunityPlan.com</a>
<b>Health Products Benefit</b>	FirstLine Medical®	1-800-933-2914, TTY 711 7 a.m. - 7 p.m. CT, Monday - Friday; 7 a.m. - 4 p.m. CT, Saturday <a href="http://www.HealthProductsBenefit.com">www.HealthProductsBenefit.com</a>
<b>Fitness</b>	Fitbit®	1-844-534-8248, TTY 711 4 a.m. - 9 p.m. PT, 7 days a week <a href="http://www.fitbit.com/store/uhcmedicare2018">www.fitbit.com/store/uhcmedicare2018</a>