2019
SUMMARY OF BENEFITS

Overview of your plan

UnitedHealthcare Dual Complete® (PPO SNP)

H2228-044

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

www.UHCCommunityPlan.com

UnitedHealthcare®
Community Plan

Y0066_SB_H2228_044_2019_M

Our service area includes these counties in:

Georgia: Baldwin, Bibb, Clayton, Cobb, Coweta, DeKalb, Fulton, Gwinnett, Laurens.

Summary of Benefits

January 1st, 2019 - December 31st, 2019

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 or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

About this plan.

UnitedHealthcare Dual Complete® (PPO SNP) is a Medicare Advantage PPO 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. How much Medicaid covers depends on your income, resources and other factors. Some people get full Medicaid benefits. Some only get help to pay for certain Medicare costs, which may include premiums, deductibles, coinsurance, or copays.
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. You pay nothing, except for Part D prescription drug copays.

- **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. You pay nothing, except for Part D prescription drug copays.

- **Qualified Disabled and Working Individual (QDWI):** Medicaid pays your Part A premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. There may be some services that do not have a member cost share amount

- **Qualifying Individual (QI)**: Medicaid pays your part B premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. You pay the cost share amounts listed in the chart below. There may be some services that do not have a member cost share amount. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. There may be some services that do not have a member cost share amount.

- **Specified Low-Income Medicare Beneficiary (SLMB+):** Medicaid pays your Part B premium and provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from your state Medicaid agency 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.

- **Specified Low-Income Medicare Beneficiary (SLMB):** Medicaid pays your Part B premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. There may be some services that do not have a member cost share amount.

- **Full Benefits Dual Eligible (FBDE)**: Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the State Medicaid Office 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.

Use network providers and pharmacies.

UnitedHealthcare Dual Complete® (PPO SNP) has a network of doctors, hospitals, pharmacies, and other providers. When looking at the following charts you'll see the cost differences for in-network vs. out-of-network care and services. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at an in-network pharmacy.

You can go to www.UHCCommunityPlan.com 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.

UnitedHealthcare Dual Complete® (PPO SNP)

Premiums and Benefits	In-Network	Out-of-Network
Monthly Plan Premium	$21	
Annual Medical Deductible	You pay the Original Medicare Part B deductible amount combined in and out-of-network for 2019. The 2019 Medicare Deductible amount is $185.	
Maximum Out-of-Pocket Amount (does not include prescription drugs)	$6,700 annually for Medicare-covered services you receive from in-network providers.	$10,000 annually for Medicare-covered services you receive from any provider.
	If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and share of the cost for your Part D prescription drugs.	

UnitedHealthcare Dual Complete® (PPO SNP)

Benefits		In-Network	Out-of-Network
Inpatient Hospital		$0 copay - $1,300 copay per stay	30% coinsurance per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient Hospital		$0 copay - 20% coinsurance Cost sharing for additional plan covered services will apply.	30% coinsurance Cost sharing for additional plan covered services will apply.
Outpatient Hospital Observation Services		$0 copay - 20% coinsurance	30% coinsurance
Doctor Visits	Primary	$0 copay - 20% coinsurance	30% coinsurance
	Specialists	$0 copay - 20% coinsurance	30% coinsurance
Preventive Care	Medicare-covered	$0 copay	$0 copay - 30% coinsurance (depending on the service)
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual “Wellness” visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP)	

Benefits		In-Network	Out-of-Network
		Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Vaccines, including flu shots, hepatitis B shots, pneumococcal shots “Welcome to Medicare” preventive visit (one-time)	
		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.	
Emergency Care		$0 copay - $90 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.	
Urgently Needed Services		$0 copay - $65 copay	
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI)	$0 copay - 20% coinsurance	30% coinsurance
	Lab services	$0 copay	$0 copay
	Diagnostic tests and procedures	$0 copay - 20% coinsurance	30% coinsurance
	Therapeutic Radiology	$0 copay - 20% coinsurance	30% coinsurance
	Outpatient X-rays	$0 copay - 20% coinsurance	30% coinsurance

Benefits		In-Network	Out-of-Network
Hearing Services	Exam to diagnose and treat hearing and balance issues	$0 copay - 20% coinsurance	30% coinsurance
	Routine hearing exam	$0 copay; 1 per year*	30% coinsurance; 1 per year*
	Hearing aid	$1,000 allowance every 2 years*	$1,000 allowance every 2 years*
Routine Dental Services	Preventive	$0 copay for covered services (exam, cleaning, x-rays)*	$0 copay for covered services (exam, cleaning, x-rays)*
	Comprehensive	$0 copay for covered services*	$0 copay for covered services*
	Benefit limit	$1,000 limit on all covered dental services	
Vision Services	Exam to diagnose and treat diseases and conditions of the eye	$0 copay - 20% coinsurance	30% coinsurance
	Eyewear after cataract surgery	$0 copay	$0 copay
	Routine eye exam	$0 copay Up to 1 every 2 years*	30% coinsurance Up to 1 every 2 years*
	Eyewear	$0 copay every 2 years; up to $150 for lenses/ frames and contacts*	$0 copay every 2 years; up to $150 for lenses/ frames and contacts*
Mental Health	Inpatient visit	$0 copay - $1,300 copay per stay	30% coinsurance per stay
		Our plan covers 90 days for an inpatient hospital stay.	
	Outpatient group therapy visit	$0 copay - 20% coinsurance	30% coinsurance
	Outpatient individual therapy visit	$0 copay - 20% coinsurance	30% coinsurance

Benefits		In-Network	Out-of-Network
Skilled Nursing Facility (SNF) (Stay must meet Medicare coverage criteria)		$0 copay up to: $0 copay per day: for days 1-20 $170.50 copay per day: for days 21-100	30% coinsurance per stay, up to 100 days
		Our plan covers up to 100 days in a SNF.	
Physical therapy and speech and language therapy visit		$0 copay - 20% coinsurance	30% coinsurance
Ambulance		$0 copay - 20% coinsurance for ground $0 copay - 20% coinsurance for air	20% coinsurance for ground 20% coinsurance for air
Routine Transportation		$0 copay; 36 one-way trips per year to or from approved locations*	75% coinsurance*
Medicare Part B Drugs	Chemotherapy drugs	$0 copay - 20% coinsurance	20% coinsurance
	Other Part B drugs	$0 copay - 20% coinsurance	20% coinsurance

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:

Annual Prescription Deductible	Your deductible amount is either $0 or $85, depending on the level of "Extra Help" you receive.
30-day or 90-day supply from retail network pharmacy	
Generic (including brand drugs treated as generic)	$0, $1.25, $3.40 copay, or 15% of the total cost
All Other Drugs	$0, $3.80, $8.50 copay, or 15% of the total cost

Additional Benefits		In-Network	Out-of-Network
Chiropractic Care and Acupuncture		$0 copay Combination of 10 chiropractic and acupuncture visits per year*	30% coinsurance Combination of 10 chiropractic and acupuncture visits per year*
Chiropractic Care	Manual manipulation of the spine to correct subluxation	$0 copay - 20% coinsurance	30% coinsurance
Diabetes Management	Diabetes monitoring supplies	$0 copay We only cover ACCU-CHEK® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio®, OneTouch Verio® IQ, OneTouch Verio® Flex, ACCU-CHEK® Guide, ACCU-CHEK® Aviva, and ACCU-CHEK® Nano SmartView. Test strips: OneTouch Verio®, ACCU-CHEK® Guide, ACCU-CHEK® Aviva Plus, ACCU-CHEK® SmartView, and OneTouch Ultra®. Other brands are not covered by your plan.	30% coinsurance
	Diabetes Self-management training	$0 copay	30% coinsurance
	Therapeutic shoes or inserts	$0 copay - 20% coinsurance	30% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)	$0 copay - 20% coinsurance	30% coinsurance
	Prosthetics (e.g., braces, artificial limbs)	$0 copay - 20% coinsurance	30% coinsurance

Additional Benefits		In-Network	Out-of-Network
Fitness program through SilverSneakers®		Membership in a fitness program at a network location or enrollment into a self-directed fitness program if a network location is not convenient.	
Foot Care (podiatry services)	Foot exams and treatment	$0 copay - 20% coinsurance	30% coinsurance
	Routine foot care	$0 copay; for each visit up to 4 visits every year*	30% coinsurance; for each visit up to 4 visits every year*
Meal Benefit		$0 copay; Coverage for at home meal benefit. Restrictions apply. This provider must be used for the in-network and out-of-network benefit.	
Home Health Care		$0 copay	30% coinsurance
Hospice		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.	
NurseLine		Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Occupational Therapy Visit		$0 copay - 20% coinsurance	30% coinsurance
Outpatient Substance Abuse	Outpatient group therapy visit	$0 copay - 20% coinsurance	30% coinsurance
	Outpatient individual therapy visit	$0 copay - 20% coinsurance	30% coinsurance
Outpatient Surgery		$0 copay - 20% coinsurance	30% coinsurance
Health Products Benefit		$165 credit per quarter to use on approved health products.	
Renal Dialysis		$0 copay - 20% coinsurance	20% coinsurance

*Benefits are combined in and out-of-network

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 Georgia Department of Community Health 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® (PPO 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 Georgia Department of Community Health, 1-404-656-4507.

Medicaid may pay your Medicare cost sharing amount, but it will depend on your 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.

Benefits	Medicaid	UnitedHealthcare Dual Complete® (PPO SNP)
Additional Dental Services	Covered	Covered
Additional Foot Care	Covered	Covered
Additional Hearing Services	Not Covered	Covered
Additional Vision Services	Not Covered	Covered
Ambulance	Covered	Covered
Case Management	Covered	Not Covered
Chiropractic Care	Covered	Covered
Dental Services	Covered	Covered
Diabetes Supplies and Services	Covered	Covered
Diagnostic Tests Lab and Radiology Services and X-Rays	Covered	Covered
Doctor Office Visits	Covered	Covered
Durable Medical Equipment	Covered	Covered
Emergency Care	Covered	Covered
Foot Care	Covered	Covered
Hearing Services	Covered	Covered
Home Health Care	Covered	Covered
Hospice	Covered	Covered

Benefits	Medicaid	UnitedHealthcare Dual Complete® (PPO SNP)
Inpatient Hospital Care	Covered	Covered
Inpatient Mental Health Care	Covered	Covered
Intermediate Care Facilities	Covered	Covered
Mental Health Care	Covered	Covered
Outpatient hospital services	Covered	Covered
Over-the-Counter Items	Not Covered	Covered
Prescription Drug Benefits	Not Covered	Covered
Preventive Care	Covered	Covered
Prosthetic Devices	Covered	Covered
Renal Dialysis	Covered	Covered
Skilled Nursing Facility (SNF)	Covered	Covered
Transportation (Routine)	Not Covered	Covered
Urgently Needed Services	Covered	Covered
Vision Services	Covered	Covered

Required Information

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. Enrollment in the plan depends on the plan's contract renewal with Medicare. This plan is available to anyone who has both Medical Assistance from the State and 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.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服 務。請致電
1-855-814-6894（TTY：711).

This information is available for free in other languages. Please call our customer service number located on the first page of this book.

Esta información esta disponible sin costo en otros idiomas. Comuníquese con nuestro número de Servicio al Cliente situado en la cobertura de este libro.

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

Benefits, premium and/or copayments/coinsurance may change on January 1 of each year.

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

Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

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

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

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

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.

If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Consult a health care professional before beginning any exercise program. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries.

The Nurseline service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

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