

# 2019 SUMMARY OF BENEFITS



## Overview of your plan

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

H7464-001

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



Our service area includes these counties in:

**Virginia:** Alexandria City, Arlington, Augusta, Bland, Botetourt, Bristol City, Buckingham, Carroll, Charles City, Chesapeake City, Chesterfield, Colonial Heights City, Craig, Dickenson, Fairfax, Fairfax City, Falls Church City, Fauquier, Floyd, Franklin, Frederick, Fredericksburg City, Galax City, Giles, Gloucester, Greene, Hampton City, Hanover, Henrico, Isle of Wight, James City, King William, Lancaster, Loudoun, Madison, Manassas City, Manassas Park City, Mathews, Middlesex, Montgomery, Nelson, New Kent, Newport News City, Norfolk City, Orange, Page, Patrick, Pittsylvania, Portsmouth City, Prince William, Pulaski, Radford City, Richmond City, Roanoke, Roanoke City, Rockingham, Russell, Scott, Smyth, Southampton, Spotsylvania, Stafford, Suffolk City, Surry, Tazewell, Virginia Beach City, Warren, Washington, Winchester City, Wise, Wythe, York.

# 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.UHCCCommunityPlan.com](http://www.UHCCCommunityPlan.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® (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. You pay nothing, except for Part D prescription drug copays.
- 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.
- 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® (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 Drug List (Formulary) to see what drugs are covered, and if there are any restrictions.

# UnitedHealthcare Dual Complete<sup>®</sup> (HMO SNP)

Premiums and Benefits	In-Network
<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 stay  Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient Hospital		\$0 copay
Outpatient Hospital Observation Services		\$0 copay
Doctor Visits	Primary	\$0 copay
	Specialists	\$0 copay
Preventive Care	Medicare-covered	\$0 copay  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) 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)

**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
	Therapeutic Radiology	\$0 copay per service
	Outpatient X-rays	\$0 copay per service
<b>Hearing Services</b>	Exam to diagnose and treat hearing and balance issues	\$0 copay
	Routine hearing exam	\$0 copay; 1 per year
	Hearing aid	\$2,500 allowance every 2 years
<b>Routine Dental Services</b>	Preventive	\$0 copay for covered services (exam, cleaning, x-rays)
	Comprehensive	\$0 copay for covered services
	Benefit limit	\$2,500 limit on all covered dental services

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

<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 \$225 for lenses/frames and contacts
<b>Mental Health</b>	Inpatient visit	\$0 copay per stay
		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 for ground \$0 copay for air
<b>Routine Transportation</b>		\$0 copay; 48 one-way trips per year to or from approved locations
<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 \$85, 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, \$3.40 copay, or 15% of the total cost
<b>All Other Drugs</b>	\$0, \$3.80, \$8.50 copay, or 15% of the total cost

## Additional Benefits

## In-Network

<b>Chiropractic Care and Acupuncture</b>		\$0 copay Combination of 10 chiropractic and acupuncture visits per year
<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 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.
	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 program through SilverSneakers®</b>		Basic membership in a fitness program at a network location.
<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>Meal Benefit</b>		\$0 copay; Coverage for at home meal benefit. Restrictions apply.
<b>Home Health Care</b>		\$0 copay

<b>Additional Benefits</b>		<b>In-Network</b>
<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>NurseLine</b>		Speak with a registered nurse (RN) 24 hours a day, 7 days a week
<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>		\$200 credit per quarter to use on approved health products.
<b>Over-the-Counter Debit Card</b>		\$75 credit per quarter for approved products at network retail locations.
<b>Personal Emergency Response System</b>		With the Personal Emergency Response System (PERS) help is only a button away. You can have peace of mind knowing that in any emergency situation the PERS in-home monitoring device can get you help quickly, 24 hours a day at no additional cost. The device is a lightweight button that can be worn on your wrist or as a pendant and may automatically detect falls depending on the model chosen. You must have a working landline and/or cellular phone coverage to take part in this benefit.
<b>Renal Dialysis</b>		\$0 copay
<b>Solutions for Caregivers</b>		\$0 copay; Help from an experienced care manager who can support you in the care of a loved one, services available 24 hours a day, 7 days a week.
<b>Virtual Doctor Visits</b>		Speak to specific doctors using your computer or mobile device. Find participating doctors online at <a href="http://www.amwell.com">www.amwell.com</a> .

## 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 Department of Medical Assistance Services 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 Department of Medical Assistance Services, 1-804-786-7933.

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. Please see your Medicaid Member Handbook for details on the cost sharing and additional benefits covered.

Benefits	Medicaid	UnitedHealthcare Dual Complete® (HMO SNP)
Additional Dental Services	Not Covered	Covered
Additional Foot Care	Not Covered	Covered
Additional Hearing Services	Not Covered	Covered
Additional Vision Services	Covered	Covered
Ambulance	Covered	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
Inpatient Hospital Care	Covered	Covered

<b>Benefits</b>	<b>Medicaid</b>	<b>UnitedHealthcare Dual Complete® (HMO SNP)</b>
<b>Inpatient Mental Health Care</b>	Covered	Covered
<b>Mental Health Care</b>	Covered	Covered
<b>Outpatient hospital services</b>	Covered	Covered
<b>Over-the-Counter Items</b>	Covered	Covered
<b>Prescription Drug Benefits</b>	Covered	Covered
<b>Preventive Care</b>	Covered	Covered
<b>Prosthetic Devices</b>	Covered	Covered
<b>Renal Dialysis</b>	Covered	Covered
<b>Skilled Nursing Facility (SNF)</b>	Covered	Covered
<b>Transportation (Routine)</b>	Covered	Covered
<b>Urgently Needed Services</b>	Covered	Covered
<b>Vision Services</b>	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.

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. © 2018. All rights reserved.

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