

2014 Summary of BENEFITS

January 1, 2014 — December 31, 2014

UnitedHealthcare Dual Complete™ (HMO SNP)

MICHIGAN

Kalamazoo, Macomb, Oakland, Wayne counties

H6952 - 002



Section I

Introduction to Summary of Benefits

Thank you for your interest in UnitedHealthcare Dual Complete (HMO SNP). Our plan is offered by UNITEDHEALTHCARE COMMUNITY PLAN, INC which is also called UnitedHealthcare Community Plan, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan (SNP) that contracts with the Federal government. This plan is designed for people who meet specific enrollment criteria.

You may be eligible to join this plan if you receive assistance from the state and Medicare. All cost sharing in this summary of benefits is based on your level of Medicaid eligibility. Please call UnitedHealthcare Dual Complete (HMO SNP) to find out if you are eligible to join. Our number is listed at the end of this introduction. This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call UnitedHealthcare Dual Complete (HMO SNP) and ask for the "Evidence of Coverage."

You have choices in your health care

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (Fee-for-Service) Medicare Plan. Another option is a Medicare health plan, like UnitedHealthcare Dual Complete (HMO SNP). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

If you are eligible for both Medicare and Medicaid (dual eligible) you may join or leave a plan at any time. Please call UnitedHealthcare Dual Complete (HMO SNP) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

How can I compare my options?

You can compare UnitedHealthcare Dual Complete (HMO SNP) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

Where is UnitedHealthcare Dual Complete (HMO SNP) available?

The service area for this plan includes: Kalamazoo, Macomb, Oakland, Wayne Counties, MI. You must live in one of these areas to join the plan.

Who is eligible to join UnitedHealthcare Dual Complete (HMO SNP)?

You can join UnitedHealthcare Dual Complete (HMO SNP) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End-Stage Renal Disease generally are not eligible to enroll in UnitedHealthcare Dual Complete (HMO SNP) unless they are members of our organization and have been since their dialysis began.

You must also be enrolled in the Department of Community Health (Medicaid) to join this plan. Please call the plan to see if you are eligible to join.

Can I choose my doctors?

UnitedHealthcare Dual Complete (HMO SNP) has formed a network of doctors, specialists, and hospitals.

You can only use doctors who are part of our network. The health providers in our network can change at any time.

You can ask for a current provider directory. For an updated list, visit us at <http://www.UHCCCommunityPlan.com>. Our customer service number is listed at the end of this introduction.

What happens if I go to a doctor who's not in your network?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither the plan nor the Original Medicare Plan will pay for these services except in limited situations (for example, emergency care).

Where can I get my prescriptions if I join this plan?

UnitedHealthcare Dual Complete (HMO SNP) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at <http://www.UHCCCommunityPlan.com>. Our customer service number is listed at the end of this introduction.

What if my doctor prescribes less than a month's supply?

In consultation with your doctor or pharmacist, you may receive less than a month's supply of certain drugs. Also, if you live in a long-term care facility, you will receive less than a month's supply of certain brand and generic drugs. Dispensing fewer drugs at a time can help reduce cost and waste in the Medicare Part D program, when this is medically appropriate. The amount you pay in these circumstances will depend on whether you are responsible for paying coinsurance (a percentage of the cost of the drug) or a copay (a flat dollar amount for the drug). If you are responsible for coinsurance for the drug, you will continue to pay the applicable percentage of the drug cost. If you are responsible for a copay for the drug, a "daily cost-sharing rate" will be applied. If your doctor decides to continue the drug after a trial period, you should not pay more for a month's supply than you otherwise would have paid. Contact your plan if you have questions about cost-sharing when less than a one-month supply is dispensed.

Does my plan cover Medicare Part B or Part D drugs?

UnitedHealthcare Dual Complete (HMO SNP) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

What is a prescription drug formulary?

UnitedHealthcare Dual Complete (HMO SNP) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected members before the change is made. We will send a formulary to you and you can see our complete formulary on our Website at <http://www.UHCCCommunityPlan.com>. If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

How can I get extra help with my prescription drug plan costs or get extra help with other Medicare costs?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week; and see <http://www.medicare.gov> 'Programs for People with Limited Income and Resources' in the publication Medicare & You.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or
- Your State Medicaid Office.

What are my protections in this plan?

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of UnitedHealthcare Dual Complete (HMO SNP), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of UnitedHealthcare Dual Complete (HMO SNP), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

What is a Medication Therapy Management (MTM) program?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact UnitedHealthcare Dual Complete (HMO SNP) for more details.

What types of drugs may be covered under Medicare Part B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact UnitedHealthcare Dual Complete (HMO SNP) for more details.

- **Some Antigens:** If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- **Osteoporosis Drugs:** Injectable osteoporosis drugs for some women.
- **Erythropoietin:** By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- **Hemophilia Clotting Factors:** Self-administered clotting factors if you have hemophilia.
- **Injectable Drugs:** Most injectable drugs administered incident to a physician's service.
- **Immunosuppressive Drugs:** Immunosuppressive drug therapy for transplant patients if the transplant took place in a Medicare-certified facility and was paid for by Medicare or by a private insurance company that was the primary payer for Medicare Part A coverage.
- **Some Oral Cancer Drugs:** If the same drug is available in injectable form.
- **Oral Anti-Nausea Drugs:** If you are part of an anti-cancer chemotherapeutic regimen.
- **Inhalation and Infusion Drugs** administered through Durable Medical Equipment.

Where can I find information on plan ratings?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you can find the Plan Ratings information by using the Find health & drug plans web tool on medicare.gov to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call UnitedHealthcare Community Plan for more information about UnitedHealthcare Dual Complete (HMO SNP).

Visit us at <http://www.UHCCommunityPlan.com> or, call us:

Customer Service Hours for October 1 – February 14: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Local

Customer Service Hours for February 15 – September 30: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Local

Current members should call toll-free **1-888-903-7587** for questions related to the Medicare Advantage and the Medicare Part D Prescription Drug Programs. (TTY/TDD 711)

Prospective members should call toll-free **1-888-834-3721** for questions related to the Medicare Advantage and the Medicare Part D Prescription Drug Programs. (TTY/TDD 711)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit <http://www.medicare.gov> on the web.

This document may be available in other formats such as Braille, large print or other alternate formats. This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

Este documento puede estar disponible en un idioma que no sea inglés. Para obtener más información, llame a servicio al cliente al número de teléfono que aparece arriba.

If you have any questions about this plan's benefits or costs, please contact UnitedHealthcare Community Plan for details.

Section II

Summary of Benefits

Benefit	Original Medicare	UnitedHealthcare Dual Complete (HMO SNP)
Important Information		
<p>1 Premium and Other Important Information</p>	<p>In 2014 the monthly Part B Premium is \$0 and the annual Part B deductible amount is \$0.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>General</p> <p>* Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for Original Medicare services</p> <p>\$0 monthly plan premium*</p> <p>In-Network</p> <p>\$0 annual deductible.*</p> <p>\$6,700 out-of-pocket limit for Medicare-covered services. However, in this plan you will have no cost sharing responsibility for Medicare-covered services, based on your level of Medicaid eligibility.</p>
<p>2 Doctor and Hospital Choice</p> <p>(For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network</p> <p>You must go to network doctors, specialists, and hospitals.</p> <p>No referral required for network doctors, specialists, and hospitals.</p>

Benefit	Original Medicare	UnitedHealthcare Dual Complete (HMO SNP)
Summary Of Benefits		
Inpatient Care		
<p>3 Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>For each benefit period: Days 1 - 60: \$0 deductible Days 61 - 90: \$0 per day Days 91 - 150: \$0 per lifetime reserve day</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.</p>	<p>In-Network No limit to the number of days covered by the plan each hospital stay. \$0 annual service category deductible* \$0 copay* \$0 copay for each additional non-Medicare-covered hospital day.</p>
<p>4 Inpatient Mental Health Care</p>	<p>For each benefit period: Days 1 - 60: \$0 deductible Days 61 - 90: \$0 per day Days 91 - 150: \$0 per lifetime reserve day</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p>In-Network You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital. \$0 annual service category deductible* \$0 copay* Plan covers 60 lifetime reserve days. \$0 copay per lifetime reserve day.*</p>

Benefit	Original Medicare	UnitedHealthcare Dual Complete (HMO SNP)
<p>5 Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p>	<p>In 2014 the amounts for each benefit period after at least a 3-day Medicare-covered hospital stay are:</p> <p>Days 1 - 20: \$0 per day</p> <p>Days 21 - 100: \$0 per day</p> <p>100 days for each benefit period.</p> <p>A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.</p>	<p>In-Network</p> <p>Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p> <p>\$0 annual service category deductible*</p> <p>\$0 copay for SNF services*</p> <p>You will not be charged additional cost sharing for professional services</p>
<p>6 Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered home health visits*</p>
<p>7 Hospice</p>	<p>You must get care from a Medicare-certified hospice.</p>	<p>General</p> <p>You must get care from a Medicare-certified hospice. You must consult with your plan before you select hospice.</p>
<p>Outpatient Care</p>		
<p>8 Doctor Office Visits</p>	<p>0% coinsurance</p>	<p>In-Network</p> <p>\$0 copay for each Medicare-covered primary care doctor visit.*</p> <p>\$0 copay for each Medicare-covered specialist visit.*</p>

Benefit	Original Medicare	UnitedHealthcare Dual Complete (HMO SNP)
9 Chiropractic Services	Supplemental routine care not covered 0% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	In-Network \$0 copay for Medicare-covered chiropractic visits* Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part).
10 Podiatry Services	Supplemental routine care not covered. 0% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	In-Network \$0 copay for Medicare-covered podiatry visits* \$0 copay for up to 4 supplemental routine podiatry visit(s) every year Medicare-covered podiatry visits are for medically necessary foot care.
11 Outpatient Mental Health Care	0% coinsurance for most outpatient mental health services 0% coinsurance of the Medicare-approved amount for each service you get from a qualified professional as part of a Partial Hospitalization Program. “Partial hospitalization program” is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor’s or therapist’s office and is an alternative to inpatient hospitalization.	In-Network \$0 copay for: <ul style="list-style-type: none"> • each Medicare-covered individual therapy visit* • each Medicare-covered group therapy visit* \$0 copay for: <ul style="list-style-type: none"> • each Medicare-covered individual therapy visit with a psychiatrist* • each Medicare-covered group therapy visit with a psychiatrist* \$0 copay for Medicare-covered partial hospitalization program services*
12 Outpatient Substance Abuse Care	0% coinsurance	In-Network \$0 copay for: <ul style="list-style-type: none"> • each Medicare-covered individual substance abuse outpatient treatment visit* • each Medicare-covered group substance abuse outpatient treatment visit*

Benefit	Original Medicare	UnitedHealthcare Dual Complete (HMO SNP)
13 Outpatient Services	0% coinsurance for the doctor's services 0% coinsurance for ambulatory surgical center facility services	In-Network \$0 copay for each Medicare-covered ambulatory surgical center visit* \$0 copay for each Medicare-covered outpatient hospital facility visit*
14 Ambulance Services (medically necessary ambulance services)	0% coinsurance	In-Network \$0 copay for Medicare-covered ambulance benefits.*
15 Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	0% coinsurance for the doctor's services 0% coinsurance for outpatient hospital facility emergency services. Not covered outside the U.S. except under limited circumstances.	General \$0 annual service category deductible* \$0 copay for Medicare-covered emergency room visits* Worldwide coverage. If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.
16 Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	0% coinsurance Not covered outside the U.S. except under limited circumstances.	General \$0 copay for Medicare-covered urgently-needed-care visits*
17 Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	0% coinsurance Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.	General Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered. In-Network \$0 copay for Medicare-covered Occupational Therapy visits* \$0 copay for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits*

Benefit	Original Medicare	UnitedHealthcare Dual Complete (HMO SNP)
Outpatient Medical Services and Supplies		
18 Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	0% coinsurance	General \$0 annual service category deductible* In-Network \$0 copay for Medicare-covered durable medical equipment*
19 Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	0% coinsurance 0% coinsurance for Medicare-covered medical supplies related to prosthetics, splints, and other devices.	In-Network \$0 copay for Medicare-covered: <ul style="list-style-type: none"> • prosthetic devices* • medical supplies related to prosthetics, splints, and other devices*
20 Diabetes Programs and Supplies	0% coinsurance for diabetes self-management training 0% coinsurance for diabetes supplies 0% coinsurance for diabetic therapeutic shoes or inserts	In-Network \$0 copay for Medicare-covered Diabetes self-management training* \$0 copay for Medicare-covered: <ul style="list-style-type: none"> • Diabetes monitoring supplies* • Therapeutic shoes or inserts*
21 Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	0% coinsurance for diagnostic tests and x-rays \$0 copay for Medicare-covered lab services Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol.	In-Network \$0 copay for Medicare-covered: <ul style="list-style-type: none"> • lab services* • diagnostic procedures and tests* • X-rays* • diagnostic radiology services (not including X-rays)* • therapeutic radiology services*

Benefit	Original Medicare	UnitedHealthcare Dual Complete (HMO SNP)
22 Cardiac and Pulmonary Rehabilitation Services	0% coinsurance for Cardiac Rehabilitation services 0% coinsurance for Pulmonary Rehabilitation services 0% coinsurance for Intensive Cardiac Rehabilitation services	In-Network \$0 copay for: <ul style="list-style-type: none"> • Medicare-covered Cardiac Rehabilitation Services* • Medicare-covered Intensive Cardiac Rehabilitation Services* • Medicare-covered Pulmonary Rehabilitation Services*
Preventive Services		
23 Preventive Services	No coinsurance, copayment or deductible for the following: <ul style="list-style-type: none"> • Abdominal Aortic Aneurysm Screening • Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. • Cardiovascular Screening • Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. • Colorectal Cancer Screening • Diabetes Screening • Influenza Vaccine • Hepatitis B Vaccine for people with Medicare who are at risk • HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. 	General \$0 copay for all preventive services covered under Original Medicare at zero cost sharing. Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare. Plan covers a physical exam annually.

Benefit	Original Medicare	UnitedHealthcare Dual Complete (HMO SNP)
	<ul style="list-style-type: none"> • Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39. • Medical Nutrition Therapy Services Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease • Personalized Prevention Plan Services (Annual Wellness Visits) • Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. • Prostate Cancer Screening • Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. • Smoking and Tobacco Use Cessation (counseling to stop smoking and tobacco use). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits. • Screening and behavioral counseling interventions in primary care to reduce alcohol misuse • Screening for depression in adults • Screening for sexually transmitted infections (STI) and high-intensity behavioral counseling to prevent STIs 	

Benefit	Original Medicare	UnitedHealthcare Dual Complete (HMO SNP)
	<ul style="list-style-type: none"> • Intensive behavioral counseling for Cardiovascular Disease (bi-annual) • Intensive behavioral therapy for obesity • Welcome to Medicare Preventive Visits (initial preventive physical exam) When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Preventive Visits or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months. 	
24 Kidney Disease and Conditions	<p>0% coinsurance for renal dialysis</p> <p>0% coinsurance for kidney disease education services</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered renal dialysis*</p> <p>\$0 copay for Medicare-covered kidney disease education services*</p>
Prescription Drug Benefits		
25 Outpatient Prescription Drugs	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs covered under Medicare Part B</p> <p>General</p> <p>\$0 yearly deductible for Medicare Part B drugs.*</p> <p>\$0 copay for Part B chemotherapy drugs and other Part-B drugs.*</p> <p>Drugs covered under Medicare Part D</p> <p>General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://www.UHCCCommunityPlan.com on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, or

Benefit	Original Medicare	UnitedHealthcare Dual Complete (HMO SNP)
		<ul style="list-style-type: none"> • have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan’s service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by you, the plan, and Medicare.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from UnitedHealthcare Dual Complete (HMO SNP) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>In-Network You pay a \$0 annual deductible.</p>

Benefit	Original Medicare	UnitedHealthcare Dual Complete (HMO SNP)
		<p>Initial Coverage Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> • A \$0 copay; or • A \$1.20 copay; or • A \$2.55 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • A \$0 copay; or • A \$3.60 copay; or • A \$6.35 copay. <p>Retail Pharmacy Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> • one-month (30-day) supply • three-month (90-day) supply <p>Long Term Care Pharmacy Long term care pharmacies must dispense brand name drugs in amounts less than a 14 days supply at a time. They may also dispense less than a month's supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> • one-month (31-day) supply of drugs

Benefit	Original Medicare	UnitedHealthcare Dual Complete (HMO SNP)
		<p>Mail Order Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> • three-month (90-day) supply <p>Catastrophic Coverage You pay a \$0 copay.</p> <p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from UnitedHealthcare Dual Complete (HMO SNP).</p> <p>You can get out-of-network drugs the following way:</p> <ul style="list-style-type: none"> • one-month (30-day) supply <p>Out-of-Network Initial Coverage Depending on your income and institutional status, you will be reimbursed by UnitedHealthcare Dual Complete (HMO SNP) up to the plan’s cost of the drug minus the following:</p> <p>For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> • A \$0 copay; or • A \$1.20 copay; or

Benefit	Original Medicare	UnitedHealthcare Dual Complete (HMO SNP)
		<ul style="list-style-type: none"> • A \$2.55 copay <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> • A \$0 copay; or • A \$3.60 copay; or • A \$6.35 copay. <p>Out-of-Network Catastrophic Coverage You will be reimbursed in full for drugs purchased out-of-network.</p>
Outpatient Medical Services and Supplies		
26 Dental Services	Preventive dental services (such as cleaning) not covered.	<p>In-Network \$0 copay for Medicare-covered dental benefits*</p> <p>\$0 copay for up to 1 supplemental oral exam(s) every six months</p> <p>\$0 copay for up to 1 supplemental cleaning(s) every six months</p> <p>\$0 copay for up to 1 supplemental dental x-ray(s)</p> <p>Plan offers additional supplemental comprehensive dental benefits.</p> <p>\$1,000 plan coverage limit for supplemental dental benefits every year</p>
27 Hearing Services	Supplemental routine hearing exams and hearing aids not covered. 0% coinsurance for diagnostic hearing exams.	<p>In-Network \$0 copay for: Medicare-covered diagnostic hearing exams*</p> <p>\$0 copay for up to 1 supplemental routine hearing exam(s) every year</p> <p>\$0 copay per supplemental hearing aid</p> <p>\$1,000 plan coverage limit for supplemental hearing aids every two years.</p>

Benefit	Original Medicare	UnitedHealthcare Dual Complete (HMO SNP)
28 Vision Services	<p>0% coinsurance for diagnosis and treatment of diseases and conditions of the eye, including an annual glaucoma screening for people at risk</p> <p>Supplemental routine eye exams and eyeglasses (lenses and frames) not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p>	<p>In-Network</p> <p>\$0 copay for: Medicare-covered diagnosis and treatment for diseases and conditions of the eye, including an annual glaucoma screening for people at risk*</p> <p>\$0 copay for up to 1 supplemental routine eye exam(s) every year</p> <p>\$0 copay for - one pair of Medicare-covered eyeglasses (lenses and frames) or contact lenses after cataract surgery *</p> <p>\$0 copay for contact lenses</p> <p>\$0 copay for up to 1 pair(s) of eyeglass lenses every two years</p> <p>\$0 copay for up to 1 frame(s) every two years</p> <p>\$150 plan coverage limit for supplemental eyewear every two years</p>
29 Wellness/Education and Other Supplemental Benefits & Services	Not covered.	<p>In-Network</p> <p>The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> • Nursing Hotline
30 Over-the-Counter Items	Not covered.	<p>General</p> <p>Please visit our plan website to see our list of covered Over-the-Counter items. OTC items may be purchased only for the enrollee. Please contact the plan for specific instructions for using this benefit.</p>
31 Transportation (Routine)	Not covered.	<p>In-Network</p> <p>\$0 copay for up to 48 one-way trip(s) to plan approved location every year</p>
32 Acupuncture and Other Alternative Therapies	Not covered.	<p>In-Network</p> <p>This plan does not cover Acupuncture and other alternative therapies.</p>

Medicaid Benefits

Additional Benefits for Members with Medicare and Medicaid

In order for you to better understand your health care options, the following chart describes a member's charge for certain services under Michigan Department Community Health (Medicaid) and as a Dual eligible member (a member who qualifies for both Medicare (Part A & Part B) and receives Medicaid assistance).

Medicare Cost Sharing includes:

- Copayments
- Coinsurance
- Deductibles

Your Medicare cost sharing responsibility is based on your level of Medicaid eligibility. The Medicaid benefit categories and type of assistance are listed below:

- **Qualified Medicare Beneficiary (QMB)** – \$0, your Medicare cost sharing will be paid by Medicaid unless otherwise noted below.
- **Non-QMB Full Benefit Dual Eligible (FBDE)** with Medicare Parts A and B – your Medicare cost sharing will be paid by Medicaid only when the benefit is also covered by Medicaid (copayments may apply if indicated in chart below). For example, if chiropractic services are not covered by Medicaid you are responsible for paying any Medicare Cost Sharing. You should pay cost share on all Medicare covered services even when not a typically Medicaid covered service.

It is important to understand that Medicaid benefits can change throughout the year. Please contact your state Medicaid program for the most current and accurate information regarding your eligibility and benefits.

Below is a summary of your Medicare cost sharing responsibility for Medicaid covered services:

Summary of Benefits Contract H6952, Plan 002

Benefit	Medicaid	UnitedHealthcare Dual Complete™ (HMO SNP)
Medicare-covered services		
Inpatient Hospital Care	\$0	In Network \$0 copay
Inpatient Mental Health Care	\$0	In Network \$0 copay
Skilled Nursing Facility (SNF)	\$0 Under qualified programs Medicaid may offer coverage beyond 100 days	In Network \$0 copay Plan covers up to 100 days each benefit period.

Benefit	Medicaid	UnitedHealthcare Dual Complete™ (HMO SNP)
Home Health Care	\$0 Additional benefits beyond intermittent skilled care may be covered (catheter changes, bladder training, eye drops)	In Network \$0 copay
Hospice	Medicaid applies the same number of inpatient respite days as Medicare (i.e., no more than five consecutive days are allowed). If more than five consecutive days are billed, the number is reduced to five days, and the excess days must be billed as routine care by the hospice.	You must get care from a Medicare-certified hospice.
Doctor Office Visits	\$0	In Network \$0 copay
Primary Care Physician Visit	\$0	In Network \$0 copay
Chiropractic Services	Medicaid covers Medicare deductibles, copays, and coinsurances. Services in excess of Medicare benefit: Not covered for ages 21 and over.	In Network \$0 copay
Podiatry Services	\$0	In Network \$0 copay
Outpatient Mental Health Care	\$0	In Network \$0 copay
Outpatient Substance Abuse Care	\$0	In Network \$0 copay
Outpatient Services/ Surgery	\$0	In Network \$0 copay
Ambulance Services	\$0	In Network \$0 copay
Emergency Care	\$0	In Network \$0 copay
Urgently Needed Care	\$0	In Network \$0 copay
Outpatient Rehabilitation Services	\$0	In Network \$0 copay

Benefit	Medicaid	UnitedHealthcare Dual Complete™ (HMO SNP)
Durable Medical Equipment	\$0	In Network \$0 copay
Prosthetic Devices	\$0	In Network \$0 copay
Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies	\$0	In Network \$0 copay
Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	\$0	In Network \$0 copay
Bone Mass Measurement	\$0	In Network \$0 copay
Colorectal Screening Exams	\$0	In Network \$0 copay
Immunizations	\$0 Flu & Pneumonia Vaccines	In Network \$0 copay
Screening Mammograms	\$0	In Network \$0 copay
Pap Smears and Pelvic Exams	\$0	In Network \$0 copay
Prostate Cancer Screening Exams	\$0	In Network \$0 copay
End-Stage Renal Disease	\$0	Depending on your income and institutional status, you pay the following: For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> • A \$0 copay or • A \$1.20 copay or • A \$2.55 copay For all other drugs, either: <ul style="list-style-type: none"> • A \$0 copay or • A \$3.60 copay or • A \$6.35 copay

Benefit	Medicaid	UnitedHealthcare Dual Complete™ (HMO SNP)
Prescription Drugs	Medicaid does not cover Part D drugs. Medicaid covers Part D excluded drugs, such as: Benzodiazepines, Barbiturates, select OTCs, select vitamins and agents used to promote smoking cessation	In Network \$0 copay
Dental Services	\$0	In Network \$0 copay
Hearing Services	\$0	In Network \$0 copay
Vision Services	\$0	In Network \$0 copay
Welcome to Medicare; and Annual Wellness Visit	\$0	In Network \$0 copay
Non-Medicare-covered additional services		
Additional Podiatry Services	Routine not covered	In Network Includes 4 routine visits per year. Please see Section II for additional benefit details.
Additional Dental Services	Some services covered through Medicaid. This is a coordinated service through case management.	In Network \$0 copay for Medicare-covered services. Non-Medicare-covered services includes routine and comprehensive dental services. Additional benefit details available in Section II
Additional Hearing Services	Hearing aid is only covered if under 21. 1 hearing aid every 3 years if under 21. Hearing aid deliver, repair and modifications, replacement ear-molds, supplies and accessories, batteries, alternative listening devices is covered for all Medicaid beneficiaries.	In-Network Includes routine hearing exam and credit for hearing aids. Please see Section II for additional benefit details.

Benefit	Medicaid	UnitedHealthcare Dual Complete™ (HMO SNP)
Additional Vision Services	One eye exam every two years for beneficiaries under 21. Under 21, one pair eyeglasses every 2 years with specific diopter correction. Two (2) replacements per year under 21. Two (2) contact lens replacements in a year for each eye for under 21. Over 21 some low vision services available.	In-Network Includes routine eye exam and credit for eyeglasses or contacts. Please see Section II for additional benefit details
Health/Wellness Education	Not covered	In Network Includes education materials, including newsletters. The plan also includes a 24-hour nurseline benefit. Please see Section II for additional benefit details.
Transportation (Routine)	Medical transportation through DHS with no limits	In Network Includes 48 one-way trips to plan approved locations. Please see Section II for additional benefit details.
Acupuncture	Not covered	Not covered
Medicaid only Services		
The services listed below are available under Medicaid for people who qualify for full Medicaid coverage.		
Targeted Case Management	Covered in some circumstances	Not covered
Personal Care Services	Care Coordinated for any Medicaid-covered services. Home Help covered through the Department of Human Services for qualified individuals.	Not covered
Inpatient/SNF/ICF for Mental Diseases	Covered through PIHP and waiver services to qualified individuals only	Not covered
Inpatient Psychiatric Services (under 21)	Cost Sharing of Medicare Covered Benefit Care coordination occurs with Medicaid providers for inpatient care required beyond covered Medicare benefit. Qualified services covered through PIHP providers.	Not covered

Benefit	Medicaid	UnitedHealthcare Dual Complete™ (HMO SNP)
<p>Intermediate Care Facilities for the Mentally Retarded (ICF/MR)</p>	<p>Covered in full Medicaid bed facility for qualified individuals.</p> <p>INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH MENTAL RETARDATION (ICF/MR) SERVICES</p> <p>Health and rehabilitative services provided in a state-licensed facility of 16 beds or less that is certified to meet ICF/MR standards that are specified in 42 CFR 483.400 and 42 CFR 442 Subpart C. Beneficiaries must meet ICF/MR level of care criteria and require a continuous active treatment program that is defined in their individual plan of services and coordinated and monitored by a qualified mental retardation professional (QMRP). The active treatment program includes specialized and generic training, treatment, health and related services that are directed toward acquisition of behaviors necessary for the beneficiary to function with as much self-determination and independence as possible, and the prevention or deceleration of regression or loss of current optimal functional status (42 CFR 483.440 (a)(1)(i & ii).</p> <p>Treatment services are provided by qualified professionals within their scope of practice. Direct care staff must meet aide level qualifications.</p>	<p>Not covered</p>

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, just call us at 1-888-903-7587. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-903-7587. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电1-888-903-7587。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-888-903-7587。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-888-903-7587. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-903-7587. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-903-7587 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-903-7587. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-903-7587번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-903-7587. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: فوري، مترجم على للحصول لدينا الأدوية جدول أو بالصحة تتعلق أسئلة أي عن للإجابة المجانية الفوري المترجم خدمات نقدم إننا مجانية خدمة هذه بمساعدتك العربية يتحدث ما شخص سيقوم. 1-888-834-3721 على بنا الاتصال سوى عليك ليس

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-903-7587. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugues: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através

do número 1-888-903-7587. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-903-7587. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-903-7587. Ta usługa jest bezpłatna.

Hindi: हमारे सुवास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-903-7587 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-903-7587にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。