2016 Summary of BENEFITS

UnitedHealthcare Dual Complete® RP (Regional PPO SNP)

Hawaii

UnitedHealthcare® Community Plan

Y0066_SB_R3175_003_2016A Approved

Summary of Benefits

January 1, 2016 - December 31, 2016

This booklet gives you 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. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **UnitedHealthcare Dual Complete RP (Regional PPO SNP)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **UnitedHealthcare Dual Complete RP (Regional PPO SNP)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on http://www.medicare.gov.
- 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 http://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.

Sections in this booklet

- Things to Know About **UnitedHealthcare Dual Complete RP (Regional PPO SNP)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print.
This document may be available in a non-English language. For additional information, call us at 1-866-622-8054.
Es posible que este documento esté disponible en otro idioma. Para información adicional llame al 1-866-622-8054.

Things to Know About UnitedHealthcare Dual Complete RP (Regional PPO SNP)

Hours of Operation

You can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Local time.

UnitedHealthcare Dual Complete RP (Regional PPO SNP) Phone Numbers and Website

- If you are a member of this plan, call toll-free 1-866-622-8054.
- If you are not a member of this plan, call toll-free 1-888-834-3721.
- Our website: www.UHCCommunityPlan.com

Who can join?

To join UnitedHealthcare Dual Complete RP (Regional PPO SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Department of Human Services, and live in our service area.

Our service area includes the following: Hawaii.

Which doctors, hospitals, and pharmacies can I use?

UnitedHealthcare Dual Complete RP (Regional PPO SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website (www.UHCCommunityPlan.com).
Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and *more*.

- **Our plan members get *all* of the benefits covered by Original Medicare.**
- **Our plan members also get *more than what is* covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, www.UHCCommunityPlan.com.
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

The amount you pay for drugs depends on the drug you are taking and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Summary of Benefits

January 1, 2016 - December 31, 2016

Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services	
How much is the monthly premium?	$0 per month.
How much is the deductible?	This plan does not have a deductible.
Is there any limit on how much I will pay for my covered services?	Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. In this plan, you may pay nothing for Medicare-covered services, depending on your level of Department of Human Services eligibility. Your yearly limit(s) in this plan: • $6,700 for services you receive from in-network providers. • $10,000 for services you receive from any provider. Your limit for services received from in-network providers will count toward this limit. 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. Refer to the "Medicare & You" handbook for Medicare-covered services. For Department of Human Services-covered services, refer to the Medicaid Coverage section in this document. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain benefits from any provider. Contact us for services that apply.
Covered Medical and Hospital Benefits	
Outpatient Care and Services	
Acupuncture	Not covered
Ambulance	• In-network: You pay nothing • Out-of-network: 20% of the cost

Chiropractic Care	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): • In-network: You pay nothing • Out-of-network: 30% of the cost
Dental Services	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): • In-network: You pay nothing • Out-of-network: 30% of the cost Preventive dental services: • Cleaning (for up to 1 every six months): • In-network: $0 copay • Out-of-network: $0 copay • Dental x-ray(s) (for up to 1): • In-network: $0 copay • Out-of-network: $0 copay • Oral exam (for up to 1 every six months): • In-network: $0 copay • Out-of-network: $0 copay Our plan pays up to $1,000 every year for most dental services from any provider.
Diabetes Supplies and Services	Diabetes monitoring supplies: • In-network: You pay nothing • Out-of-network: 30% of the cost Diabetes self-management training: • In-network: You pay nothing • Out-of-network: 30% of the cost Therapeutic shoes or inserts: • In-network: You pay nothing • Out-of-network: 30% of the cost The plan covers the following brands of blood glucose monitors and test strips: OneTouch UltraMini®, OneTouch Ultra® 2 System, OneTouch Verio® IQ, OneTouch Verio® Sync, ACCU-CHEK® Nano SmartView, ACCU-CHEK® Aviva Plus

Diagnostic Tests, Lab and Radiology Services, and X-Rays (Costs for these services may vary based on place of service)	Diagnostic radiology services (such as MRIs, CT scans): • In-network: You pay nothing • Out-of-network: 30% of the cost Diagnostic tests and procedures: • In-network: You pay nothing • Out-of-network: 30% of the cost Lab services: • In-network: You pay nothing • Out-of-network: You pay nothing Outpatient x-rays: • In-network: You pay nothing • Out-of-network: 30% of the cost Therapeutic radiology services (such as radiation treatment for cancer): • In-network: You pay nothing • Out-of-network: 30% of the cost
Doctor's Office Visits	Primary care physician visit: • In-network: You pay nothing • Out-of-network: 30% of the cost Specialist visit: • In-network: You pay nothing • Out-of-network: 30% of the cost
Durable Medical Equipment (wheelchairs, oxygen, etc.)	• In-network: You pay nothing • Out-of-network: 30% of the cost
Emergency Care	You pay nothing
Foot Care (podiatry services)	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: • In-network: You pay nothing • Out-of-network: 30% of the cost Routine foot care (for up to 4 visit(s) every year): • In-network: You pay nothing • Out-of-network: 30% of the cost
Hearing Services	Exam to diagnose and treat hearing and balance issues: • In-network: You pay nothing • Out-of-network: 30% of the cost
Home Health Care	• In-network: You pay nothing • Out-of-network: 30% of the cost

Mental Health Care	Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. • In-network: You pay nothing • Out-of-network: • 30% of the cost per stay Outpatient group therapy visit: • In-network: You pay nothing • Out-of-network: 30% of the cost Outpatient individual therapy visit: • In-network: You pay nothing • Out-of-network: 30% of the cost
Outpatient Rehabilitation	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): • In-network: You pay nothing • Out-of-network: 30% of the cost Occupational therapy visit: • In-network: You pay nothing • Out-of-network: 30% of the cost Physical therapy and speech and language therapy visit: • In-network: You pay nothing • Out-of-network: 30% of the cost
Outpatient Substance Abuse	Group therapy visit: • In-network: You pay nothing • Out-of-network: 30% of the cost Individual therapy visit: • In-network: You pay nothing • Out-of-network: 30% of the cost
Outpatient Surgery	Ambulatory surgical center: • In-network: You pay nothing • Out-of-network: 30% of the cost Outpatient hospital: • In-network: You pay nothing • Out-of-network: 30% of the cost
Over-the-Counter Items	Please visit our website to see our list of covered over-the-counter items.

Prosthetic Devices (braces, artificial limbs, etc.)	Prosthetic devices: • In-network: You pay nothing • Out-of-network: 30% of the cost Related medical supplies: • In-network: You pay nothing • Out-of-network: 30% of the cost
Renal Dialysis	• In-network: You pay nothing • Out-of-network: 20% of the cost
Transportation	Not covered
Urgently Needed Services	You pay nothing
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): • In-network: You pay nothing • Out-of-network: 30% of the cost Eyeglasses or contact lenses after cataract surgery: • In-network: You pay nothing • Out-of-network: You pay nothing

Preventive Care	• In-network: You pay nothing • Out-of-network: 0-30% of the cost, depending on the service Our plan covers many preventive services, including: • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening 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) • Yearly "Wellness" visit Any additional preventive services approved by Medicare during the contract year will be covered. Annual physical exam: • In-network: You pay nothing
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.
Inpatient Care	
Inpatient Hospital Care	Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. • In-network: You pay nothing • Out-of-network: • 30% of the cost per stay
Inpatient Mental Health Care	For inpatient mental health care, see the "Mental Health Care" section of this booklet.

Skilled Nursing Facility (SNF)	Our plan covers up to 100 days in a SNF. • In-network: You pay nothing • Out-of-network: In 2016 the amounts for each benefit period are: • You pay nothing for days 1 through 20 • $161 copay per day for days 21 through 100
Prescription Drug Benefits	
How much do I pay?	For Part B drugs such as chemotherapy drugs: • In-network: You pay nothing • Out-of-network: 20% of the cost Other Part B drugs: • In-network: You pay nothing • Out-of-network: 20% of the cost
Initial Coverage	Depending on your income and institutional status, you pay the following: For generic drugs (including brand drugs treated as generic), either: • $0 copay; or • $1.20 copay; or • $2.95 copay For all other drugs, either: • $0 copay; or • $3.60 copay; or • $7.40 copay. You may get your drugs at network retail pharmacies and mail order pharmacies. If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.
Catastrophic Coverage	You pay nothing

Medicaid Benefits

Information for People with Medicare and Medicaid

UnitedHealthcare Dual Complete RP (Regional PPO SNP) is a Dual Eligible Special Needs Plan (D-SNP) for individuals that do not have any cost sharing responsibility. If you have both Medicare and Medicaid, your services are paid first by Medicare and then by Medicaid. Your Medicaid coverage depends on your income, resources and other factors. Some persons get full Medicaid benefits.

Below are the categories of people who can enroll in UnitedHealthcare Dual Complete RP (Regional PPO SNP):

- **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.
- **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.

If you are a QMB or QMB+ Beneficiary:

You have 0% cost-share, except for Part D prescription drug copays.

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.

How to Read the Medicaid Benefit Chart:

The benefits described below are covered by Medicaid. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what Department of Human 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.

Benefit	Medicaid	UnitedHealthcare Dual Complete RP (Regional PPO SNP)
Medicaid only services Additional services not covered by UnitedHealthcare Dual Complete RP (Regional PPO SNP) are available under Medicaid for people who qualify for full Medicaid coverage. Please check with your Medicaid QUEST Integration health plan.		
Medicare-covered services		

Benefit	Medicaid	UnitedHealthcare Dual Complete RP (Regional PPO SNP)
Ambulance	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 copay for Medicaid services	**Covered.** See the "Covered Medical and Hospital Benefits" section for applicable cost sharing amount provided earlier in this booklet
Chiropractic Care	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 copay for Medicaid services Coverage only for manual manipulation of the spine to correct a subluxation	**Covered.** See the "Covered Medical and Hospital Benefits" section for applicable cost sharing amount provided earlier in this booklet
Dental Services	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 copay for Medicaid services	**Covered.** See the "Covered Medical and Hospital Benefits" section for applicable cost sharing amount provided earlier in this booklet

Benefit	Medicaid	UnitedHealthcare Dual Complete RP (Regional PPO SNP)
Diabetes Supplies and Services	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 copay for Medicaid services	**Covered.** See the "Covered Medical and Hospital Benefits" section for applicable cost sharing amount provided earlier in this booklet
Diagnostic Tests, Lab and Radiology Services, and X-Rays (Costs for these services may be different if received in an outpatient surgery setting)	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 copay for Medicaid services	**Covered.** See the "Covered Medical and Hospital Benefits" section for applicable cost sharing amount provided earlier in this booklet
Doctor Office Visits	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 copay for Medicaid services	**Covered.** See the "Covered Medical and Hospital Benefits" section for applicable cost sharing amount provided earlier in this booklet

Benefit	Medicaid	UnitedHealthcare Dual Complete RP (Regional PPO SNP)
Durable Medical Equipment (wheelchairs, oxygen, etc.)	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 copay for Medicaid services	**Covered.** See the "Covered Medical and Hospital Benefits" section for applicable cost sharing amount provided earlier in this booklet
Emergency Care	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 copay for Medicaid services	**Covered.** See the "Covered Medical and Hospital Benefits" section for applicable cost sharing amount provided earlier in this booklet
Foot Care (podiatry services)	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 copay for Medicaid services	**Covered.** See the "Covered Medical and Hospital Benefits" section for applicable cost sharing amount provided earlier in this booklet

Benefit	Medicaid	UnitedHealthcare Dual Complete RP (Regional PPO SNP)
Hearing Services	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 copay for Medicaid services	**Covered.** See the "Covered Medical and Hospital Benefits" section for applicable cost sharing amount provided earlier in this booklet
Home Health Care	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 copay for Medicaid services	**Covered.** See the "Covered Medical and Hospital Benefits" section for applicable cost sharing amount provided earlier in this booklet
Mental Health Care	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 copay for Medicaid services	**Covered.** See the "Covered Medical and Hospital Benefits" section for applicable cost sharing amount provided earlier in this booklet

Benefit	Medicaid	UnitedHealthcare Dual Complete RP (Regional PPO SNP)
Outpatient Rehabilitation	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 copay for Medicaid services	**Covered.** See the "Covered Medical and Hospital Benefits" section for applicable cost sharing amount provided earlier in this booklet
Outpatient Substance Abuse	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 copay for Medicaid services	**Covered.** See the "Covered Medical and Hospital Benefits" section for applicable cost sharing amount provided earlier in this booklet
Outpatient Surgery	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 copay for Medicaid services	**Covered.** See the "Covered Medical and Hospital Benefits" section for applicable cost sharing amount provided earlier in this booklet

Benefit	Medicaid	UnitedHealthcare Dual Complete RP (Regional PPO SNP)
Prosthetic Devices (braces, artificial limbs, etc.)	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 copay for Medicaid services	**Covered.** See the "Covered Medical and Hospital Benefits" section for applicable cost sharing amount provided earlier in this booklet
Renal Dialysis	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 copay for Medicaid services	**Covered.** See the "Covered Medical and Hospital Benefits" section for applicable cost sharing amount provided earlier in this booklet
Urgently Needed Services	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 copay for Medicaid services	**Covered.** See the "Covered Medical and Hospital Benefits" section for applicable cost sharing amount provided earlier in this booklet

Benefit	Medicaid	UnitedHealthcare Dual Complete RP (Regional PPO SNP)
Vision Services	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 copay for Medicaid services	**Covered.** See the "Covered Medical and Hospital Benefits" section for applicable cost sharing amount provided earlier in this booklet
Preventive Care	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 copay for Medicaid services	**Covered.** See the "Covered Medical and Hospital Benefits" section for applicable cost sharing amount provided earlier in this booklet
Hospice	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 copay for Medicaid services	**Covered.** See the "Covered Medical and Hospital Benefits" section for applicable cost sharing amount provided earlier in this booklet

Benefit	Medicaid	UnitedHealthcare Dual Complete RP (Regional PPO SNP)
Inpatient Hospital Care	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 copay for Medicaid services	**Covered.** See the "Covered Medical and Hospital Benefits" section for applicable cost sharing amount provided earlier in this booklet
Inpatient Mental Health Care	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 copay for Medicaid services	**Covered.** See the "Covered Medical and Hospital Benefits" section for applicable cost sharing amount provided earlier in this booklet
Skilled Nursing Facility (SNF)	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 copay for Medicaid services Medicaid covers additional days beyond Medicare 100 day limit	**Covered.** See the "Covered Medical and Hospital Benefits" section for applicable cost sharing amount provided earlier in this booklet

Benefit	Medicaid	UnitedHealthcare Dual Complete RP (Regional PPO SNP)
Prescription Drug Benefits	Medicaid does not cover Part D covered drugs $0 copay per prescription drug for Medicaid-covered services	**Covered.** See the "Covered Medical and Hospital Benefits" section for applicable cost sharing amount provided earlier in this booklet
Additional services available through UnitedHealthcare Dual Complete RP (Regional PPO SNP)		
Additional Dental Services	Covered for emergency services only	**Covered.** See the "Covered Medical and Hospital Benefits" section for applicable cost sharing amount provided earlier in this booklet
Additional Foot Care	$0	**Covered.** See the "Covered Medical and Hospital Benefits" section for applicable cost sharing amount provided earlier in this booklet
Over-the-Counter Items	No coverage	**Covered.** See the "Covered Medical and Hospital Benefits" section for applicable cost sharing amount provided earlier in this booklet

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 1-888-834-3721. 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 1-888-834-3721. 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1-888-834-3721。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 1-888-834-3721。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 pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-834-3721. 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 1-888-834-3721. 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 quí vị cần thông dịch viên xin gọi 1-888-834-3721 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-834-3721. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-834-3721번으로 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 1-888-834-3721. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

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

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 1-888-834-3721. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

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