

2018 ANNUAL NOTICE OF CHANGES



Important changes to your plan

UnitedHealthcare Dual Complete® ONE (HMO SNP)



Toll-Free 1-800-514-4911, TTY 711
8 a.m. - 8 p.m. local time, 7 days a week



www.UHCCommunityPlan.com

Do we have the right address for you?

Please let us know so we can keep you informed about your plan.



UnitedHealthcare Dual Complete® ONE (HMO SNP) offered by UnitedHealthcare.

Annual Notice of Changes for 2018



You are currently enrolled as a member of UnitedHealthcare Dual Complete ONE (HMO SNP).

Next year, there will be some changes to the plan's benefits. This booklet tells about the changes.

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits to see if they affect you.
 - It's important to review your coverage now to make sure it will meet your needs next year.
 - Do the changes affect the services you use?
 - Look in Section 1 for information about benefit changes for our plan.
- Check the changes in the booklet to our prescription drug coverage to see if they affect you.
 - Will your drugs be covered?
 - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
 - Can you keep using the same pharmacies?
 - Review the 2018 Drug List and look in Section 1.5 for information about changes to our drug coverage.
- Check to see if your doctors and other providers will be in our network next year.
 - Are your doctors in our network?
 - What about the hospitals or other providers you use?
 - Look in Section 1.2 for information about our Provider Directory.
- Think about your overall health care costs.
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How much will you spend on your premium and deductibles?
 - How do your total plan costs compare to other Medicare coverage options?
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area.
 - Use the personalized search feature on the Medicare Plan Finder at <https://www.medicare.gov> website. Click “Find health & drug plans.”
 - Review the list in the back of your Medicare & You handbook.
 - Look in Section 2.2 to learn more about your choices.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan’s website.

3. CHOOSE: Decide whether you want to change your plan

- If you want to **keep** UnitedHealthcare Dual Complete® ONE (HMO SNP), you don’t need to do anything. You will stay in UnitedHealthcare Dual Complete® ONE (HMO SNP).
- If you want to **change to a different plan** that may better meet your needs, you can switch plans at any time. Your new coverage will begin on the first day of the following month. Look in section 2.2, page 9 to learn more about your choices.

Additional Resources

- This information is available for free in Spanish. Please contact our Customer Service number at 1-800-514-4911 for additional information. (TTY users should call 711.) Hours are 8 a.m. - 8 p.m. local time, 7 days a week.
- Este documento está disponible sin costo en español. Comuníquese con nuestro número de Servicio al Cliente al 1-800-514-4911 para obtener información adicional. (Los usuarios de TTY deben llamar al 711). El horario es de 8 a.m. a 8 p.m., hora local, los 7 días de la semana.
- This document is available in alternate formats such as Braille, larger print or audio. Please contact our Customer Service number at 1-800-514-4911, TTY: 711, 8 a.m. - 8 p.m. local time, 7 days a week, for additional information.
- **Coverage under this Plan qualifies as minimum essential coverage (MEC)** and satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families> for more information on the individual requirement for MEC.

About UnitedHealthcare Dual Complete® ONE (HMO SNP)

- Plans are insured through UnitedHealthcare 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. The plan also has a written agreement with the New Jersey Medicaid program to coordinate your Medicaid benefits.
- When this booklet says “we,” “us,” or “our,” it means UnitedHealthcare or one of its affiliates. When it says “plan” or “our plan,” it means UnitedHealthcare Dual Complete® ONE (HMO SNP).
- Members must use network plan providers, pharmacies, DME (Durable Medical Equipment) suppliers, and understand and follow the rules on referrals.
- Members will be enrolled into Medicare Part D prescription drug coverage under the plan and will be automatically disenrolled from any other Medicare Advantage or Medicare Part D prescription drug coverage.

Summary of Important Costs for 2018

The table below compares the 2017 costs and 2018 costs for UnitedHealthcare Dual Complete® ONE (HMO SNP) in several important areas. **Please note this is only a summary of changes. It is important to read the rest of this Annual Notice of Changes** and review the attached **Evidence of Coverage** to see if other benefit or cost changes affect you.

| Costs | 2017 (This year) | 2018 (Next year) |
|---|--|--|
| Monthly Plan Premium | \$0 premium | \$0 premium |
| Doctor Office Visits | Primary care visits: \$0 per visit Specialist visits: \$0 per visit | Primary care visits: \$0 per visit Specialist visits: \$0 per visit |
| Inpatient Hospital Stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day. | \$0 copayment per admission. | \$0 copayment per admission. |
| Part D prescription drug coverage (See Section 1.5 for details.) | You pay \$0 per prescription. | You pay \$0 per prescription. |

Annual Notice of Changes for 2018

Table of Contents

| | |
|---|-----------|
| Summary of Important Costs For 2018 | 4 |
| SECTION 1: Changes to Benefits and Costs for Next Year | 6 |
| Section 1.1 Changes to the Monthly Premium | 6 |
| Section 1.2 Changes to the Provider Network..... | 6 |
| Section 1.3 Changes to the Pharmacy Network | 7 |
| Section 1.4 Changes to Benefits and Costs for Medical Services..... | 7 |
| Section 1.5 Changes to Part D Prescription Drug Coverage..... | 8 |
| SECTION 2: Deciding Which Plan to Choose | 9 |
| Section 2.1 If You Want to Stay in UnitedHealthcare Dual Complete® ONE (HMO SNP) | 9 |
| Section 2.2 If You Want to Change Plans | 9 |
| SECTION 3: Administrative Changes | 10 |
| SECTION 4: Deadline for Changing Plans | 10 |
| SECTION 5: Programs That Offer Free Counseling about Medicare and Medicaid | 11 |
| SECTION 6: Questions | 11 |
| Section 6.1 Getting Help from UnitedHealthcare Dual Complete® ONE (HMO SNP) | 11 |
| Section 6.2 Getting Help from Medicare..... | 12 |
| Section 6.3 Getting Help from Medicaid | 12 |

Section 1: Changes to Benefits and Costs for Next Year

SECTION 1.1 Changes to the Monthly Premium

| Costs | 2017 (This year) | 2018 (Next year) |
|--|--------------------|--------------------|
| Monthly Plan Premium (Your Medicare Part B premium is paid for you by Medicaid.) | \$0 Premium | \$0 Premium |

SECTION 1.2 Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider Directory is located on our website at www.UHCCCommunityPlan.com. You may also call Customer Service for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2018 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, Medicare requires that we furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider and managing your care. Depending on the type of care you are receiving, you may be able to continue receiving care from your provider for a certain period of time.

SECTION 1.3 Changes to the Pharmacy Network

Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered **only** if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year. An updated Pharmacy Directory is located on our website at www.UHCCommunityPlan.com. You may also call Customer Service for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2018 Pharmacy Directory to see which pharmacies are in our network.**

SECTION 1.4 Changes to Benefits

Please note that the **Annual Notice of Changes** only tells you about changes to your **Medicare** benefits.

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage for these services, see Chapter 4, **Medical Benefits Chart (what is covered), in your 2018 Evidence of Coverage**. A copy of the **Evidence of Coverage** was included in this envelope.

| Benefits | 2017 (This year) | 2018 (Next year) |
|--------------------------|---|---|
| Diabetic Services | <p>The Plan only covers blood glucose monitors and test strips from the following brands:</p> <p>OneTouch Ultra® 2 System, OneTouch Ultra Mini,® OneTouch Verio® Sync, OneTouch Verio® IQ, OneTouch Verio® Flex System Kit, ACCU-CHEK® Nano SmartView, ACCUCHEK® Aviva Plus.</p> <p>Other brands are not covered.</p> | <p>The plan covers the following brands of blood glucose monitors and test strips:</p> <p>OneTouch® Ultra® 2, OneTouch® UltraMini®, OneTouch® Verio®, OneTouch® Verio® IQ, OneTouch® Verio® Flex™, ACCU-CHEK® Guide, ACCU-CHEK® Aviva Plus, ACCU-CHEK® Nano SmartView, ACCU-CHEK® Aviva Connect.</p> <p>Other brands are not covered.</p> |
| Fitness Program | <p>Provided through the SilverSneakers® Fitness program</p> | <p>Provided through Optum® Fitness</p> |

| Benefits | 2017 (This year) | 2018 (Next year) |
|---|---|--|
| Health Products Catalog | Covered \$700 per year (\$175 quarterly credit) | Covered \$900 per year (as a \$225 quarterly credit) |
| Meal Benefit | Not covered | Covered – see your Evidence of Coverage to learn more. |
| Over-the-Counter Debit Card | Covered \$564 per year (\$141 quarterly credit) | Covered \$800 per year (as a \$200 quarterly credit) |
| Worldwide Urgently Needed Services | Not covered | Covered – see your Evidence of Coverage to learn more. |

SECTION 1.5 Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” **You can get the complete Drug List** by calling Customer Service (see the back cover) or visiting our website (www.UHCCommunityPlan.com).

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.**
 - To learn what you must do to ask for an exception, see Chapter 8 of your **Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))** or call Customer Service.
- **Work with your doctor (or prescriber) to find a different drug** that we cover. You can call Customer Service to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a **one-time**, temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the **Evidence of Coverage**.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you have obtained approval for a formulary exception this year, please refer to the approved through date provided on your approval letter to determine when your approval expires. If your approval expires on December 31, 2017, you will need to obtain a new approval in order to continue to receive your drug in 2018, if the drug is still non-formulary and you and your doctor feel it is needed. **Any exception you received in 2017 is not guaranteed for 2018.**

Section 2: Deciding Which Plan to Choose

SECTION 2.1 If you want to stay in UnitedHealthcare® Dual Complete ONE (HMO SNP)

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2018.

SECTION 2.2 If you want to change plans

We hope to keep you as a member next plan year but if you want to change for 2018 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan at any time.
- — **OR** — You can change to Original Medicare at any time.

Your new coverage will begin on the first day of the following month. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, read **Medicare & You 2018**, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 6.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to <https://www.medicare.gov> and click "Find health & drug plans." **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

Step 2: Change your coverage

To change to a **different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from UnitedHealthcare Dual Complete® ONE (HMO SNP).

- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from UnitedHealthcare Dual Complete® ONE (HMO SNP).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 6.1 of this booklet).
 - — **OR** — Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

Section 3: Administrative Changes

As of January 1st, 2018, the way some appeals are handled by UnitedHealthcare Dual Complete® ONE (HMO SNP) will be changing.

When our plan makes a decision not to approve medical services you have asked for, or to stop or reduce services that you have been receiving, you have the right to ask us to change our decision. This is called an appeal. Because of changes in federal law, there will be changes to when and how you can ask for some kinds of appeal. These include changes that will affect when and how you can ask for a Medicaid State Fair Hearing.

These changes will apply when you want to appeal a decision the plan has made involving benefits or services that are covered (in part or completely) by Medicaid. We will tell you when a service involves Medicaid coverage.

Your Evidence of Coverage (EOC) handbook for 2018 includes a section that explains these appeal rights. Look in **Chapter 8 (What to do if you have a problem or complaint), under Section 12, “Handling problems about your Medicaid benefits”**. This section also tells you who you can contact if you have questions about appeals, or if you need help at any point in the appeal process.

Section 4: Deadline for Changing Plans

Because you are eligible for Medicare and Full Medicaid Benefits you can change your Medicare coverage at **any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Section 5: Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In New Jersey, the SHIP is called the State Health Insurance Assistance Program (SHIP).

SHIP is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHIP at 1-800-792-8820.

For questions about your NJ FamilyCare (Medicaid) benefits, contact the Division of Medical Assistance and Health Services at 1-800-356-1561 (TTY 711), 8:30 a.m. – 4:45 p.m. local time, Monday – Friday. Ask how joining another plan or returning to Original Medicare affects how you get your NJ FamilyCare (Medicaid) coverage.

Section 6: Questions?

SECTION 6.1 Getting Help from UnitedHealthcare® Dual Complete ONE (HMO SNP)

Questions? We're here to help. Please call Customer Service at 1-800-514-4911. (TTY only, call 711.) We are available for phone calls 8 a.m. - 8 p.m. local time, 7 days a week. Calls to these numbers are free.

Read your 2018 Evidence of Coverage (it has details about next year's benefits)

This **Annual Notice of Changes** gives you a summary of changes in your benefits for 2018. For details, look in the 2018 **Evidence of Coverage** for UnitedHealthcare Dual Complete® ONE (HMO SNP). The **Evidence of Coverage** is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the **Evidence of Coverage** is included in this envelope.

Visit our Website

You can also visit our website at www.UHCCommunityPlan.com. As a reminder, our website has the most up-to-date information about our provider network (**Provider Directory**) and our list of covered drugs (**Formulary/Drug List**).

SECTION 6.2 Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (<https://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website.

(To view the information about plans, go to <https://www.medicare.gov> and click on “Find health & drug plans.”)

Read Medicare & You 2018

You can read **Medicare & You 2018** Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<https://www.medicare.gov>) or 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.

SECTION 6.3 Getting Help from Medicaid

To get information from NJ FamilyCare (Medicaid), you can call the Division of Medical Assistance and Health Services at 1-800-356-1561. TTY users should call 711.



**UnitedHealthcare Dual Complete® ONE (HMO SNP)
Customer Service:**

Call 1-800-514-4911

Calls to this number are free. 8 a.m. - 8 p.m. local time,
7 days a week. Customer Service also has free language
interpreter services available for non-English speakers.

TTY 711

Calls to this number are free. 8 a.m. - 8 p.m. local time,
7 days a week.

Write UnitedHealthcare Customer Service
PO Box 5250
Kingston, NY 12402-5250

Website www.UHCCommunityPlan.com