

# 2018 SUMMARY OF BENEFITS



## Overview of your plan

UnitedHealthcare Dual Complete® ONE (HMO SNP)

H0321-004

Look inside to learn more about the health services and drug coverages the plan provides. Call Customer Service or go online for more information about the plan.



Toll-Free **1-888-834-3721**, TTY **711**  
**8 a.m. - 8 p.m. local time, 7 days a week**



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



Our service area includes these counties in:

**Arizona:** Apache, Coconino, Maricopa, Mohave, Navajo, Pinal, Yavapai.

# Summary of Benefits

**January 1st, 2018 - December 31st, 2018**

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at [www.UHCCommunityPlan.com](http://www.UHCCommunityPlan.com) or you can call Customer Service with questions you may have. You get an EOC when you enroll in the plan.

## About this plan.

UnitedHealthcare Dual Complete® ONE (HMO SNP) is a Medicare Advantage HMO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed inside the cover, and be a United States citizen or lawfully present in the United States.

This plan is a Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP) for people who have both Medicare A and B, and full Medicaid benefits or Long Term Care benefits.

Your eligibility to enroll in this plan depends on your type of Medicaid. Also, you must live in the service area and be in UnitedHealthcare Dual Complete® ONE (HMO SNP). If you're a current member of UnitedHealthcare and have End Stage Renal Disease (ESRD), you aren't eligible for this plan. There are some exceptions, such as if you develop ESRD when you're a member of a plan that we offer, or you were a member of a different plan that was terminated.

You can enroll in this plan if you are in one of these Medicaid categories:

- **Qualified Medicare Beneficiary Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance and copayment amounts.
- **Specified Low-Income Medicare Beneficiary (SLMB+):** You get full Medicaid benefits, and Medicaid pays your Part B premium.
- **Full Benefits Dual Eligible (FBDE):** Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits.

**If you are a QMB+ Beneficiary:** You pay nothing, except for Part D prescription drug copays.

**If you are a SLMB+ or FBDE:** You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from Arizona Health Care Cost Containment System (AHCCCS) in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

If your category of Medicaid eligibility changes, your cost share may also increase or decrease. You must recertify your Medicaid enrollment to continue to receive your Medicare coverage.

**What benefits does each eligibility level cover?**

<b>Eligibility Level</b>	<b>Part A Premium</b>	<b>Part B Premium</b>	<b>Part D Premium<sup>1</sup></b>	<b>Medicare deductibles, copays, coinsurance</b>	<b>Full Medicaid Benefits</b>
<b>QMB Plus</b>	Yes	Yes	No <sup>2</sup>	Yes	Yes
<b>SLMB Plus</b>	No	Yes	No <sup>2</sup>	Varies by state	Yes
<b>FBDE</b>	No	Varies by state	No	Varies by state	Yes

<sup>1</sup>Low Income Subsidy may be available to help with Part D premium cost.

<sup>2</sup> are automatically enrolled in the low income subsidy program to cover Part D premium costs and will not have Part D premium expenses.

**Use network providers and pharmacies.**

UnitedHealthcare Dual Complete® ONE (HMO SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers or pharmacies that are not in our network, the plan may not pay for those services or drugs, or you may pay more than you pay at an in-network pharmacy.

You can go to [www.UHCCommunityPlan.com](http://www.UHCCommunityPlan.com) to search for a network provider or pharmacy using the online directories. You can also view the plan formulary (drug list) to see what drugs are covered, and if there are any restrictions.

# UnitedHealthcare Dual Complete® ONE (HMO SNP)

Premiums and Benefits	In-Network
<b>Monthly Plan Premium</b>	\$20.10
<b>Annual Medical Deductible</b>	This plan does not have a deductible.
<b>Maximum Out-of-Pocket Amount (does not include prescription drugs)</b>	<p>\$0 or \$6,700 annually for Medicare-covered services you receive from in-network providers.</p> <p>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.</p> <p>Please note that you will still need to pay your monthly premiums and share of the cost for your Part D prescription drugs.</p>

# UnitedHealthcare Dual Complete® ONE (HMO SNP)

Benefits		In-Network
Inpatient Hospital		<p>\$0 copay or You pay the 2018 Original Medicare cost-sharing amount, which will be determined by Medicare in the fall of 2017. The 2017 cost sharing is:</p> <ul style="list-style-type: none"> <li>\$1,316 deductible for days 1 to 60;</li> <li>\$329 copay each day for days 61 to 90;</li> <li>\$658 copay each day for days 91 to 150 (lifetime reserve days)</li> </ul> <hr/> <p>Our plan covers 90 days for an inpatient hospital stay.</p>
Outpatient Hospital, Including Observation		\$0 copay or 20% coinsurance
Doctor Visits	Primary	\$0 copay
	Specialists	\$0 copay or 19% coinsurance
Preventive Care	Medicare-covered	\$0 copay
		<ul style="list-style-type: none"> <li>Abdominal aortic aneurysm screening</li> <li>Alcohol misuse counseling</li> <li>Annual “Wellness” visit</li> <li>Bone mass measurement</li> <li>Breast cancer screening (mammogram)</li> <li>Cardiovascular disease (behavioral therapy)</li> <li>Cardiovascular screening</li> <li>Cervical and vaginal cancer screening</li> <li>Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li>Depression screening</li> <li>Diabetes screenings and monitoring</li> <li>Hepatitis C screening</li> <li>HIV screening</li> <li>Lung cancer with low dose computed tomography (LDCT) screening</li> <li>Medical nutrition therapy services</li> <li>Medicare Diabetes Prevention Program (MDPP)</li> <li>Obesity screenings and counseling</li> <li>Prostate cancer screenings (PSA)</li> <li>Sexually transmitted infections screenings and counseling</li> </ul>

## Benefits

## In-Network

		<p>Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</p> <p>Vaccines, including flu shots, hepatitis B shots, pneumococcal shots</p> <p>“Welcome to Medicare” preventive visit (one-time)</p> <hr/> <p>Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.</p>
<b>Emergency Care</b>		<p>\$0 copay or \$80 copay (\$0 copay for worldwide coverage) per visit</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>
<b>Urgently Needed Services</b>		<p>\$0 copay or \$65 copay</p>
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b>	Diagnostic radiology services (e.g. MRI)	<p>\$0 copay or 20% coinsurance</p>
	Lab services	<p>\$0 copay</p>
	Diagnostic tests and procedures	<p>\$0 copay or 20% coinsurance</p>
	Therapeutic Radiology	<p>\$0 copay or 20% coinsurance</p>
	Outpatient X-rays	<p>\$0 copay or 20% coinsurance</p>
<b>Hearing Services</b>	Exam to diagnose and treat hearing and balance issues	<p>\$0 copay</p>
	Routine hearing exam	<p>\$0 copay; 1 per year</p>
	Hearing aid	<p>\$2,000 allowance every 2 years</p>

Benefits		In-Network
<b>Routine Dental Services</b>	Preventive	\$0 copay for covered services (exam, cleaning, x-rays)
	Comprehensive	\$0 copay for covered services
	Benefit limit	\$3,500 limit on all covered dental services
<b>Vision Services</b>	Exam to diagnose and treat diseases and conditions of the eye	\$0 copay or 19% coinsurance
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$0 copay Up to 1 every year
	Eyewear	\$0 copay every 2 years; up to \$225 for standard lenses/frames or contacts
<b>Mental Health</b>	Inpatient visit	\$0 copay or You pay the 2018 Original Medicare cost-sharing amount, which will be determined by Medicare in the fall of 2017. The 2017 cost sharing is: \$1,316 deductible for days 1 to 60; \$329 copay each day for days 61 to 90; \$658 copay each day for days 91 to 150 (lifetime reserve days)  Our plan covers 90 days for an inpatient hospital stay.
	Outpatient group therapy visit	\$0 copay or 19% coinsurance
	Outpatient individual therapy visit	\$0 copay or 19% coinsurance
<b>Skilled Nursing Facility (SNF) (Stay must meet Medicare coverage criteria)</b>		\$0 copay or You pay the 2018 Original Medicare cost-sharing amount, which will be determined by Medicare in the fall of 2017. The 2017 cost sharing is: \$0 copay per day: for days 1-20 \$164.50 copay per day: for days 21-100
		Our plan covers up to 100 days in a SNF.



<b>Benefits</b>		<b>In-Network</b>
<b>Physical therapy and speech and language therapy visit</b>		\$0 copay or 19% coinsurance
<b>Ambulance</b>		\$0 copay or 20% coinsurance
<b>Routine Transportation</b>		\$0 copay; 24 one-way trips per year to or from approved locations ; limited to routine dental, vision, podiatry or hearing services not covered by Original Medicare
<b>Medicare Part B Drugs</b>	Chemotherapy drugs	\$0 copay or 20% coinsurance
	Other Part B drugs	\$0 copay or 20% coinsurance

## Prescription Drugs

If you don't qualify for Low-Income Subsidy (LIS), you pay the Medicare Part D cost share outlined in the Evidence of Coverage. If you do qualify for Low-Income Subsidy (LIS) you pay:

<b>Annual Prescription Deductible</b>	Your deductible amount is either \$0 or \$83, depending on the level of "Extra Help" you receive.
<b>30-day or 90-day supply from retail network pharmacy</b>	
<b>Generic (including brand drugs treated as generic)</b>	\$0, \$1.25, \$3.35 copay, or 15% of the total cost
<b>All Other Drugs</b>	\$0, \$3.70, \$8.35 copay, or 15% of the total cost

Additional Benefits		In-Network
<b>Chiropractic Care</b>	Manual manipulation of the spine to correct subluxation	\$0 copay
	Routine chiropractic care	\$10 copay; 18 chiropractic visits per year
<b>Diabetes Management</b>	Diabetes monitoring supplies	\$0 copay We only cover blood glucose monitors and test strips from the following brands: OneTouch Ultra <sup>®</sup> 2, OneTouch UltraMini <sup>®</sup> , OneTouch Verio <sup>®</sup> , OneTouch Verio <sup>®</sup> IQ, OneTouch Verio <sup>®</sup> Flex, ACCU-CHEK <sup>®</sup> Nano SmartView, ACCU-CHEK <sup>®</sup> Aviva Plus, ACCU-CHEK <sup>®</sup> Guide, and ACCU-CHEK <sup>®</sup> Aviva Connect
	Diabetes Self-management training	\$0 copay
	Therapeutic shoes or inserts	\$0 copay or 20% coinsurance
<b>Durable Medical Equipment (DME) and Related Supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen)	\$0 copay or 20% coinsurance
	Prosthetics (e.g., braces, artificial limbs)	\$0 copay or 20% coinsurance
<b>Fitness program through SilverSneakers<sup>®</sup> Fitness</b>		Basic membership in a fitness program at a network location.
<b>Foot Care (podiatry services)</b>	Foot exams and treatment	\$0 copay or 19% coinsurance
	Routine foot care	\$0 copay; for each visit up to 4 visits every year
<b>Home Health Care</b>		\$0 copay
<b>Hospice</b>		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.

<b>Additional Benefits</b>		<b>In-Network</b>
<b>NurseLine<sup>SM</sup></b>		Speak with a registered nurse (RN) 24 hours a day, 7 days a week
<b>Occupational Therapy Visit</b>		\$0 copay
<b>Outpatient Substance Abuse</b>	Outpatient group therapy visit	\$0 copay or 19% coinsurance
	Outpatient individual therapy visit	\$0 copay or 19% coinsurance
<b>Outpatient Surgery</b>		\$0 copay or 20% coinsurance
<b>Health Products Benefit</b>		\$250 credit per quarter to use on approved health products.
<b>Renal Dialysis</b>		\$0 copay or 20% coinsurance

# Medicaid Benefits

Information for People with Medicare and Medicaid. Your services are paid first by Medicare and then by Medicaid.

The benefits described below are covered by Medicaid. You can see what Arizona Health Care Cost Containment System (AHCCCS) covers and what our plan covers. If a benefit is used up or not covered by Medicare, then Medicaid may provide coverage. This depends on your type of Medicaid coverage.

Coverage of the benefits described below depends upon your level of Medicaid eligibility. No matter what your level of Medicaid eligibility is, UnitedHealthcare Dual Complete® ONE (HMO SNP) will cover the benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Arizona Health Care Cost Containment System (AHCCCS), 1-602-417-4000.

Medicaid may pay your Medicare cost sharing amount, but it will depend on you Medicaid eligibility level. If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share. Please see your Medicaid Member Handbook for details on the cost sharing and additional benefits covered.

Benefits	Arizona Health Care Cost Containment System (AHCCCS)		UnitedHealthcare Dual Complete® ONE (HMO SNP)
	QMB+ You Pay	FBDE You pay:	See the benefits charts to find out how much you'll need to pay earlier in this booklet.
<b>Additional Dental Services</b>	Not Covered	Not Covered	Covered
<b>Additional Foot Care</b>	Not Covered	Not Covered	Covered
<b>Additional Hearing Services</b>	Not Covered	Not Covered	Covered
<b>Additional Vision Services</b>	Not Covered	Covered under 21 Not Covered over 21	Covered
<b>Ambulance</b>	Covered	Covered	Covered
<b>Chiropractic Care</b>	Covered	Covered under 21 Not Covered over 21	Covered

<b>Benefits</b>	<b>Arizona Health Care Cost Containment System (AHCCCS)</b>		<b>UnitedHealthcare Dual Complete® ONE (HMO SNP)</b>
	<b>QMB+ You Pay</b>	<b>FBDE You pay:</b>	See the benefits charts to find out how much you'll need to pay earlier in this booklet.
<b>Dental Services</b>	Covered	Covered	Covered
<b>Diabetes Supplies and Services</b>	Covered	Covered	Covered
<b>Diagnostic Tests Lab and Radiology Services and X-Rays</b>	Covered	Covered	Covered
<b>Doctor Office Visits</b>	Covered	Covered	Covered
<b>Durable Medical Equipment</b>	Covered	Covered	Covered
<b>Emergency Care</b>	Covered	Covered	Covered
<b>Foot Care</b>	Covered	Covered	Covered
<b>Hearing Services</b>	Covered under 21	Covered under 21 Not Covered over 21	Covered
<b>Home Health Care</b>	Covered	Covered	Covered
<b>Hospice</b>	Covered	Covered	Covered
<b>Inpatient Hospital Care</b>	Covered	Covered	Covered
<b>Inpatient Mental Health Care</b>	Covered	Covered	Covered

<b>Benefits</b>	<b>Arizona Health Care Cost Containment System (AHCCCS)</b>		<b>UnitedHealthcare Dual Complete® ONE (HMO SNP)</b>
	<b>QMB+ You Pay</b>	<b>FBDE You pay:</b>	See the benefits charts to find out how much you'll need to pay earlier in this booklet.
<b>Mental Health Care</b>	Covered	Covered	Covered
<b>Outpatient hospital services</b>	Covered	Covered	Covered
<b>Outpatient hospital services</b>	Covered	Covered	Covered
<b>Over-the-Counter Items</b>	Covered	Covered	Covered
<b>Prescription Drug Benefits</b>	Not Covered	Not Covered	Covered
<b>Preventive Care</b>	Covered	Covered	Covered
<b>Prosthetic Devices</b>	Covered	Covered	Covered
<b>Renal Dialysis</b>	Covered	Covered	Covered
<b>Skilled Nursing Facility (SNF)</b>	Covered	Covered	Covered
<b>Transportation</b>	Covered	Covered	Not Covered
<b>Urgently Needed Services</b>	Covered	Covered	Covered
<b>Vision Services</b>	Covered	Not Covered	Covered

## Required Information

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

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

Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year.

Premiums, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

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

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90 day supply of your maintenance medication.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. This plan is available to anyone who has both Medical Assistance from the State and Medicare. Enrollment in the plan depends on contract renewal with Medicare.

If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



## Vendor Information

Before contacting any of the providers below you must be fully enrolled in UnitedHealthcare Dual Complete® ONE (HMO SNP).

Benefit Type	Vendor Name	Contact Information
<b>Hearing Exams</b>	EPIC Hearing Health Care	1-866-956-5400, TTY 711 6 a.m. - 6 p.m. PT, Monday - Friday <a href="http://www.epichearing.com">www.epichearing.com</a>
<b>Hearing Aids</b>	EPIC Hearing Health Care	1-866-956-5400, TTY 711 6 a.m. - 6 p.m. PT, Monday - Friday <a href="http://www.epichearing.com">www.epichearing.com</a>
<b>Vision Care</b>	Nationwide™ Vision	1-877-614-0623, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week <a href="http://www.UHCCommunityPlan.com">www.UHCCommunityPlan.com</a>
<b>Dental Services</b>	UnitedHealthcare Dental	1-877-614-0623, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week <a href="http://www.UHCCommunityPlan.com">www.UHCCommunityPlan.com</a>
<b>Chiropractic Services</b>	OptumHealth™ Physical Health	1-866-785-1654, TTY 1-888-877-5378 8 a.m. - 8 p.m. ET, Monday - Friday <a href="https://www.myoptumhealthphysicalhealth.com/providerLocator.asp">https://www.myoptumhealthphysicalhealth.com/providerLocator.asp</a>
<b>NurseLine</b>	NurseLine <sup>SM</sup>	1-877-440-9407, TTY 711 24 hours a day, 7 days a week
<b>Routine Transportation (Limited to ground transportation only)</b>	Medical Transportation Brokerage of Arizona® (MTBA)	1-888-700-6822, TTY 711 6 a.m. - 7 p.m. local time, Monday - Friday
<b>Health Products Benefit</b>	FirstLine Medical®	1-800-933-2914, TTY 711 7 a.m. - 7 p.m. CT, Monday - Friday; 7 a.m. - 4 p.m. CT, Saturday <a href="http://www.HealthProductsBenefit.com">www.HealthProductsBenefit.com</a>

<b>Benefit Type</b>	<b>Vendor Name</b>	<b>Contact Information</b>
<b>Fitness Membership</b>	SilverSneakers® Fitness program	1-888-423-4632, TTY 711 8 a.m. - 8 p.m. ET, Monday - Friday silversneakers.com