2018
SUMMARY OF BENEFITS

Overview of your plan

UnitedHealthcare Dual Complete® (PPO SNP)

H2228-045

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

UnitedHealthcare®
Community Plan

Y0066_SB_H2228_045_2018 CMS Accepted

Our service area includes the following county in:

District of Columbia: District of Columbia.

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 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® (PPO SNP) is a Medicare Advantage PPO plan with a Medicare contract.

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

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and Medicaid. How much Medicaid covers depends on your income, resources and other factors. Some people get full Medicaid benefits. Some only get help to pay for certain Medicare costs, which may include premiums, deductibles, coinsurance, or copays.)

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.
- **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 Disabled and Working Individual (QDWI):** Medicaid pays your Part A premium only.
- **Qualifying Individual (QI)**: Medicaid pays your part B premium only.
- **Specified Low-Income Medicare Beneficiary (SLMB+):** You get full Medicaid benefits, and Medicaid pays your Part B premium.
- **Specified Low-Income Medicare Beneficiary (SLMB):** Medicaid pays your Part B premium only.
- **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 or QMB+ Beneficiary: You pay nothing, except for Part D prescription drug premiums, deductibles and 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 Department of Human Services 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 you are a SLMB, QI or QDWI: Department of Human Services does not pay your cost-share. You do not have full Medicaid benefits. You pay the cost share amounts listed in the chart above. There may be some services that do not have a member cost share amount.

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?

Eligibility Level	Part A Premium	Part B Premium	Part D Premium[1]	Medicare deductibles, copays, coinsurance	Full Medicaid Benefits
QMB Only	Yes	Yes	No[2]	Yes	No
QMB Plus	Yes	Yes	No[2]	Yes	Yes
SLMB Plus	No	Yes	No[2]	Varies by state	Yes
SLMB Only	No	Yes	No[2]	No	No
QI	No	Yes	No[2]	No	No
QDWI	Yes	No	No[2]	No	No
FBDE	No	Varies by state	No	Varies by state	Yes

[1]Low Income Subsidy may be available to help with Part D premium cost.

[2]QMBsSLMBs and QIs 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® (PPO SNP) has a network of doctors, hospitals, pharmacies, and other providers. When looking at the following charts you'll see the cost differences for in-network vs. out-of-network care and services. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at an in-network pharmacy.

You can go to 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® (PPO SNP)

Premiums and Benefits	In-Network	Out-of-Network
Monthly Plan Premium	$15	
Annual Medical Deductible	You pay $0 or the 2018 Original Medicare Part B deductible amount combined in and out-of-network. The 2018 Medicare Part B Deductible amount will be determined by Medicare in the fall of 2017. The 2017 Medicare Deductible amount is $183.	
Maximum Out-of-Pocket Amount (does not include prescription drugs)	$0 or $6,700 annually for Medicare-covered services you receive from in-network providers.	$0 copay or $10,000 annually for Medicare-covered services you receive from any provider.
	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. Please note that you will still need to pay your monthly premiums and share of the cost for your Part D prescription drugs.	

UnitedHealthcare Dual Complete® (PPO SNP)

Benefits		In-Network	Out-of-Network
Inpatient Hospital		$0 copay or $1,300 copay per admit (or the 2018 Original Medicare amount, whichever is less).	30% coinsurance per admit
		Our plan covers 90 days for an inpatient hospital stay.	
Outpatient Hospital, Including Observation		$0 copay or 20% coinsurance	30% coinsurance
Doctor Visits	Primary	$0 copay or 20% coinsurance	30% coinsurance
	Specialists	$0 copay or 19% coinsurance	30% coinsurance
Preventive Care	Medicare-covered	$0 copay	$0 copay - 30% coinsurance (depending on the service)
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual “Wellness” visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling Prostate cancer screenings (PSA)	

Benefits		In-Network	Out-of-Network
		Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Vaccines, including flu shots, hepatitis B shots, pneumococcal shots “Welcome to Medicare” preventive visit (one-time)	
		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.	
Emergency Care		$0 copay or $80 copay ($0 copay for worldwide coverage) per visit If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital Care” section of this booklet for other costs.	
Urgently Needed Services		$0 copay or $65 copay	
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI)	$0 copay or 20% coinsurance	30% coinsurance
	Lab services	$0 copay	$0 copay
	Diagnostic tests and procedures	$0 copay or 20% coinsurance	30% coinsurance
	Therapeutic Radiology	$0 copay or 20% coinsurance	30% coinsurance
	Outpatient X-rays	$0 copay or 20% coinsurance	30% coinsurance
Hearing Services	Exam to diagnose and treat hearing and balance issues	$0 copay or 20% coinsurance	30% coinsurance

Benefits		In-Network	Out-of-Network
Routine Dental Services	Preventive	$0 copay for covered services (exam, cleaning, x-rays)*	$0 copay for covered services (exam, cleaning, x-rays)*
	Comprehensive	$0 copay for covered services*	$0 copay for covered services*
		$1,000 limit on all covered dental services	
Vision Services	Exam to diagnose and treat diseases and conditions of the eye	$0 copay or 19% coinsurance	30% coinsurance
	Eyewear after cataract surgery	$0 copay	$0 copay
	Routine eye exam	$0 copay Up to 1 every 2 years*	30% coinsurance Up to 1 every 2 years*
	Eyewear	$0 copay every 2 years; up to $150 for lenses/ frames and contacts*	$0 copay every 2 years; up to $150 for lenses/ frames and contacts*
Mental Health	Inpatient visit	$0 copay or $1,300 copay per admit (or the 2018 Original Medicare amount, whichever is less).	30% coinsurance per admit
		Our plan covers 90 days for an inpatient hospital stay.	
	Outpatient group therapy visit	$0 copay or 19% coinsurance	30% coinsurance
	Outpatient individual therapy visit	$0 copay or 19% coinsurance	30% coinsurance

Benefits		In-Network	Out-of-Network
Skilled Nursing Facility (SNF) (Stay must meet Medicare coverage criteria)		$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	30% coinsurance per admit, up to 100 days
		Our plan covers up to 100 days in a SNF.	
Physical therapy and speech and language therapy visit		$0 copay or 19% coinsurance	30% coinsurance
Ambulance		$0 copay or 20% coinsurance	20% coinsurance
Routine Transportation		$0 copay; 24 one-way trips per year to or from approved locations*	75% coinsurance 24 one-way trips per year to or from approved locations*
Medicare Part B Drugs	Chemotherapy drugs	$0 copay or 20% coinsurance	20% coinsurance
	Other Part B drugs	$0 copay or 20% coinsurance	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:

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

Additional Benefits		In-Network	Out-of-Network
Chiropractic Care	Manual manipulation of the spine to correct subluxation	$0 copay or 19% coinsurance	30% coinsurance
Diabetes Management	Diabetes monitoring supplies	$0 copay We only cover blood glucose monitors and test strips from the following brands: OneTouch Ultra®2, OneTouch UltraMini®, OneTouch Verio®, OneTouch Verio® IQ, OneTouch Verio® Flex, ACCU-CHEK® Nano SmartView, ACCU-CHEK® Aviva Plus, ACCU-CHEK® Guide, and ACCU-CHEK® Aviva Connect	30% coinsurance
	Diabetes Self-management training	$0 copay	30% coinsurance
	Therapeutic shoes or inserts	$0 copay or 20% coinsurance	30% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)	$0 copay or 20% coinsurance	30% coinsurance
	Prosthetics (e.g., braces, artificial limbs)	$0 copay or 20% coinsurance	30% coinsurance
Foot Care (podiatry services)	Foot exams and treatment	$0 copay or 19% coinsurance	30% coinsurance
	Routine foot care	$0 copay; for each visit up to 4 visits every year*	30% coinsurance; for each visit up to 4 visits every year*
Home Health Care		$0 copay	30% coinsurance

Additional Benefits		In-Network	Out-of-Network
Hospice		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.	
NurseLine[SM]		Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Occupational Therapy Visit		$0 copay or 19% coinsurance	30% coinsurance
Outpatient Substance Abuse	Outpatient group therapy visit	$0 copay or 19% coinsurance	30% coinsurance
	Outpatient individual therapy visit	$0 copay or 19% coinsurance	30% coinsurance
Outpatient Surgery		$0 copay or 20% coinsurance	30% coinsurance
Health Products Benefit		$125 credit per quarter to use on approved health products.	
Renal Dialysis		$0 copay or 20% coinsurance	20% coinsurance

*Benefits are combined in and out-of-network

Medicaid Benefits

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

The benefits described below are covered by Medicaid. You can see what Department of 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.

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® (PPO SNP) will cover the benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Department of Human Services, 1-202-671-4200.

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.

Benefit	Medicaid	UnitedHealthcare Dual Complete® (PPO SNP)
Additional Dental Services	Covered	Covered
Additional Foot Care	Covered	Covered
Additional Vision Services	Covered	Covered
Ambulance	Covered	Covered
Chiropractic Care	Covered	Not Covered
Dental Services	Covered	Covered
Diabetes Supplies and Services	Covered	Covered
Diagnostic Tests Lab and Radiology Services and X-Rays	Covered	Covered
Doctor Office Visits	Covered	Covered
Durable Medical Equipment	Covered	Covered
Emergency Care	Covered	Covered
Foot Care	Covered	Covered
Hearing Services	Covered	Covered
Home Health Care	Covered	Covered
Hospice	Covered	Covered
Inpatient Hospital Care	Covered	Covered

Benefit	Medicaid	UnitedHealthcare Dual Complete® (PPO SNP)
Inpatient Mental Health Care	Covered	Covered
Mental Health Care	Covered	Covered
Outpatient hospital services	Covered	Covered
Over-the-Counter Items	Not Covered	Covered
Preventive Care	Covered	Covered
Private Duty Nursing	Covered	Covered
Prosthetic Devices	Covered	Covered
Renal Dialysis	Covered	Covered
Skilled Nursing Facility (SNF)	Covered	Covered
Transportation (Routine)	Covered	Covered
Urgently Needed Services	Covered	Covered
Vision Services	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.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. 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® (PPO SNP).

Benefit Type	Vendor Name	Contact Information
Vision Care	MARCH® Vision Care	1-866-480-1086, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week www.UHCCommunityPlan.com
Dental Services	UnitedHealthcare Dental	1-866-480-1086, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week www.UHCCommunityPlan.com
NurseLine	NurseLine℠	1-877-365-7949, TTY 711 24 hours a day, 7 days a week
Routine Transportation (Limited to ground transportation only)	LogistiCare®	1-866-418-9812, TTY 1-866-288-3133 8 a.m. - 5 p.m. local time, Monday - Friday www.logisticare.com
Health Products Benefit	FirstLine Medical®	1-877-286-5414, TTY 711 7 a.m. - 7 p.m. CT, Monday - Friday; 7 a.m. - 4 p.m. CT, Saturday www.HealthProductsBenefit.com