

# 2018 SUMMARY OF BENEFITS



## Overview of your plan

**UnitedHealthcare Dual Complete® (PPO SNP)**

H2228-043

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 the following county in:

**Hawaii:** Honolulu.

# 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® (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, and don't pay anything for covered medical services. How much Medicaid covers depends on your income, resources and other factors. Some people get full Medicaid benefits.

Your eligibility to enroll in this plan depends on your type of Medicaid.

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 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 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® (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](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® (PPO SNP)

Premiums and Benefits	In-Network	Out-of-Network
<b>Monthly Plan Premium</b>	There is no monthly premium for this plan.	
<b>Annual Medical Deductible</b>	This plan does not have a deductible.	
<b>Maximum Out-of-Pocket Amount (does not include prescription drugs)</b>	\$0 annually for Medicare-covered services from in-network providers.	\$0 annually for Medicare-covered services you receive from any provider.

# UnitedHealthcare Dual Complete® (PPO SNP)

Benefits		In-Network	Out-of-Network
Inpatient Hospital		\$0 copay per day, up to 90 days	\$0 copay per day, up to 90 days
		Our plan covers 90 days for an inpatient hospital stay.	
Outpatient Hospital, Including Observation		\$0 copay	\$0 copay
Doctor Visits	Primary	\$0 copay	\$0 copay
	Specialists	\$0 copay	\$0 copay
Preventive Care	Medicare-covered	\$0 copay	\$0 copay
		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) 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	

Benefits		In-Network	Out-of-Network
		<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 (\$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.</p>	
<b>Urgently Needed Services</b>		\$0 copay	
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b>	Diagnostic radiology services (e.g. MRI)	\$0 copay per service	\$0 copay per service
	Lab services	\$0 copay	\$0 copay
	Diagnostic tests and procedures	\$0 copay per service	\$0 copay per service
	Therapeutic Radiology	\$0 copay	\$0 copay
	Outpatient X-rays	\$0 copay per service	\$0 copay per service
<b>Hearing Services</b>	Exam to diagnose and treat hearing and balance issues	\$0 copay	\$0 copay
<b>Routine Dental Services</b>	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*
	Benefit limit	\$2,000 limit on all covered dental services	

<b>Benefits</b>		<b>In-Network</b>	<b>Out-of-Network</b>
<b>Vision Services</b>	Exam to diagnose and treat diseases and conditions of the eye	\$0 copay	\$0 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
<b>Mental Health</b>	Inpatient visit	\$0 copay per day, up to 90 days	\$0 copay per day, up to 90 days
		Our plan covers 90 days for an inpatient hospital stay.	
	Outpatient group therapy visit	\$0 copay	\$0 copay
	Outpatient individual therapy visit	\$0 copay	\$0 copay
<b>Skilled Nursing Facility (SNF)</b>		\$0 copay per day: days 1-20 \$0 copay per day: for days 21-100	\$0 copay per day: for days 1-100
		Our plan covers up to 100 days in a SNF.	
<b>Physical therapy and speech and language therapy visit</b>		\$0 copay	\$0 copay
<b>Ambulance</b>		\$0 copay	\$0 copay
<b>Routine Transportation</b>		Not covered	
<b>Medicare Part B Drugs</b>	Chemotherapy drugs	\$0 copay	\$0 copay
	Other Part B drugs	\$0 copay	\$0 copay



## 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

<b>Additional Benefits</b>		<b>In-Network</b>	<b>Out-of-Network</b>
<b>Chiropractic Care and Acupuncture</b>		\$10 copay Combination of 18 chiropractic and acupuncture visits per year*	30% coinsurance Combination of 18 chiropractic and acupuncture visits per year*
<b>Chiropractic Care</b>	Manual manipulation of the spine to correct subluxation	\$0 copay	\$0 copay
<b>Diabetes Management</b>	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	\$0 copay
	Diabetes Self-management training	\$0 copay	\$0 copay
	Therapeutic shoes or inserts	\$0 copay	\$0 copay
<b>Durable Medical Equipment (DME) and Related Supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen)	\$0 copay	\$0 copay
	Prosthetics (e.g., braces, artificial limbs)	\$0 copay	\$0 copay

<b>Additional Benefits</b>		<b>In-Network</b>	<b>Out-of-Network</b>
<b>Fitness program through SilverSneakers® Fitness</b>		Membership in a fitness program at a network location or enrollment into a self-directed fitness program if a network location is not convenient.	
<b>Foot Care (podiatry services)</b>	Foot exams and treatment	\$0 copay	\$0 copay
	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*
<b>Home Health Care</b>		\$0 copay	\$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>Occupational Therapy Visit</b>		\$0 copay	\$0 copay
<b>Outpatient Substance Abuse</b>	Outpatient group therapy visit	\$0 copay	\$0 copay
	Outpatient individual therapy visit	\$0 copay	\$0 copay
<b>Outpatient Surgery</b>		\$0 copay	\$0 copay
<b>Health Products Benefit</b>		\$150 credit per quarter to use on approved health products.	
<b>Renal Dialysis</b>		\$0 copay	\$0 copay

\* 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, 1-800-316-8005.

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
Ambulance	Covered	Covered
Chiropractic Care	Covered	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
Inpatient Mental Health Care	Covered	Covered

Benefit	Medicaid	UnitedHealthcare Dual Complete® (PPO SNP)
<b>Mental Health Care</b>	Covered	Covered
<b>Outpatient hospital services</b>	Covered	Covered
<b>Over-the-Counter Items</b>	Not Covered	Covered
<b>Prescription Drug Benefits</b>	Not Covered	Covered
<b>Preventive Care</b>	Covered	Covered
<b>Prosthetic Devices</b>	Covered	Covered
<b>Renal Dialysis</b>	Covered	Covered
<b>Skilled Nursing Facility (SNF)</b>	Covered	Covered
<b>Urgently Needed Services</b>	Covered	Covered
<b>Vision Services</b>	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 Medicare and full Medicaid eligibility. 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
<b>Dental Services</b>	UnitedHealthcare Dental	1-866-622-8054, 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>Routine Acupuncture and 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>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>Fitness Membership</b>	SilverSneakers® Fitness program	1-888-423-4632, TTY 711 8 a.m. - 8 p.m. ET, Monday - Friday <a href="http://silversneakers.com">silversneakers.com</a>