

2018 SUMMARY OF BENEFITS



Overview of your plan

UnitedHealthcare Dual Complete® (HMO-POS SNP)

H5322-029

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



Our service area includes these counties in:

Kansas: Butler, Cowley, Douglas, Franklin, Harvey, Jackson, Jefferson, Johnson, Leavenworth, Miami, Osage, Sedgwick, Sumner, Wyandotte.

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® (HMO-POS SNP) is a Medicare Advantage HMOPOS 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.
- **Low-Income Medicare Beneficiary (LMB+):** 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 LMB+ or FBDE: You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from KanCare (Kansas Department of Health and Environment) 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?

| Eligibility Level | Part A Premium | Part B Premium | Part D Premium¹ | Medicare deductibles, copays, coinsurance | Full Medicaid Benefits |
|--------------------------|-----------------------|-----------------------|-----------------------------------|--|-------------------------------|
| QMB Plus | Yes | Yes | No ² | Yes | Yes |
| LMB Plus | No | Yes | No ² | Varies by state | Yes |
| FBDE | No | Varies by state | No | Varies by state | Yes |

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

Use network providers and pharmacies.

UnitedHealthcare Dual Complete® (HMO-POS SNP) has a network of doctors, hospitals, pharmacies, and other providers. For some services you can use providers that are not in our network. Out-of-network services are limited to the plan’s service area as described on the cover. If you have any questions, please contact customer service. 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® (HMO-POS SNP)

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

UnitedHealthcare Dual Complete® (HMO-POS SNP)

| Benefits | | In-Network | Out-of-Network |
|--|------------------|---|----------------|
| Inpatient Hospital | | \$0 copay per day, up to 90 days Our plan covers 90 days for an inpatient hospital stay. | Not covered |
| Outpatient Hospital, Including Observation | | \$0 copay | Not covered |
| Doctor Visits | Primary | \$0 copay | Not covered |
| | Specialists | \$0 copay | Not covered |
| Preventive Care | Medicare-covered | \$0 copay | Not covered |
| | | 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) | |

| Benefits | | In-Network | Out-of-Network |
|---|---|--|----------------|
| | | <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> | |
| Emergency Care | | <p>\$0 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> | |
| Urgently Needed Services | | \$0 copay | |
| Diagnostic Tests, Lab and Radiology Services, and X-Rays | Diagnostic radiology services (e.g. MRI) | \$0 copay per service | Not covered |
| | Lab services | \$0 copay | Not covered |
| | Diagnostic tests and procedures | \$0 copay per service | Not covered |
| | Therapeutic Radiology | \$0 copay | Not covered |
| | Outpatient X-rays | \$0 copay per service | Not covered |
| Hearing Services | Exam to diagnose and treat hearing and balance issues | \$0 copay | Not covered |
| | Routine hearing exam | \$0 copay; 1 per year | Not covered |
| | Hearing aid | \$2,000 allowance every 2 years | Not covered |

| Benefits | | In-Network | Out-of-Network |
|---|---|--|----------------------------------|
| Routine Dental Services | Preventive | \$0 copay for covered services (exam, cleaning, x-rays) | Not covered |
| | Comprehensive | \$0 copay for covered services | Not covered |
| | Benefit limit | \$2,000 limit on all covered dental services | Not covered |
| Vision Services | Exam to diagnose and treat diseases and conditions of the eye | \$0 copay | Not covered |
| | Eyewear after cataract surgery | \$0 copay | Not covered |
| | Routine eye exam | \$0 copay Up to 1 every 2 years | Not covered |
| | Eyewear | \$0 copay every 2 years; up to \$200 for lenses/frames and contacts | Not covered |
| Mental Health | 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 |
| Skilled Nursing Facility (SNF) | | \$0 copay per day: days 1-20 \$0 copay per day: for days 21-100 Our plan covers up to 100 days in a SNF. | Not covered |
| Physical therapy and speech and language therapy visit | | \$0 copay | Not covered |

| Benefits | | In-Network | Out-of-Network |
|-------------------------------|--------------------|-------------------|-----------------------|
| Ambulance | | \$0 copay | \$0 copay |
| Routine Transportation | | Not covered | |
| Medicare Part B Drugs | Chemotherapy drugs | \$0 copay | Not covered |
| | Other Part B drugs | \$0 copay | Not covered |

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 and Acupuncture | | \$0 copay Combination of 10 chiropractic and acupuncture visits per year* | Not covered |
| Chiropractic Care | Manual manipulation of the spine to correct subluxation | \$0 copay | Not covered |
| 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 | Not covered |
| | Diabetes Self-management training | \$0 copay | Not covered |
| | Therapeutic shoes or inserts | \$0 copay | Not covered |
| Durable Medical Equipment (DME) and Related Supplies | Durable Medical Equipment (e.g., wheelchairs, oxygen) | \$0 copay | Not covered |
| | Prosthetics (e.g., braces, artificial limbs) | \$0 copay | Not covered |

| Additional Benefits | | In-Network | Out-of-Network |
|-------------------------------|-------------------------------------|--|--|
| Foot Care (podiatry services) | Foot exams and treatment | \$0 copay | Not covered |
| | Routine foot care | \$0 copay; for each visit up to 4 visits every year | Not covered |
| Home Health Care | | \$0 copay | Not covered |
| 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 | Not covered |
| Outpatient Substance Abuse | Outpatient group therapy visit | \$0 copay | \$0 copay |
| | Outpatient individual therapy visit | \$0 copay | \$0 copay |
| Outpatient Surgery | | \$0 copay | Not covered |
| Health Products Benefit | | \$265 credit per quarter to use on approved health products. | |
| Renal Dialysis | | \$0 copay | Not covered out-of-network (except in emergency situations). |
| Personal Emergency Response | | With the Personal Medical Emergency Response System help is only a button away. The Personal Emergency Response System can give you peace of mind knowing that in any emergency situation you can get help quickly, 24 hours a day at no additional cost. The lightweight button can be worn on your wrist or as a pendant and may automatically detect falls depending on the model chosen. | |

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 KanCare (Kansas Department of Health and Environment) 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® (HMO-POS 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 KanCare (Kansas Department of Health and Environment), 1-866-305-5147.

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® (HMO-POS SNP) |
|---|-------------|---|
| Additional Vision Services | Not Covered | Covered |
| Allergy Services | Covered | Covered |
| Ambulance | Covered | Covered |
| Behavioral Health Drugs and Medication Management | Covered | Covered |
| Case Management | Covered | Covered |
| Chronic Renal Disease/End Stage Renal Disease (ESRD) | Covered | Covered |
| Dental Services | Not Covered | Covered |
| Diabetes Supplies and Services | Covered | Covered |
| Diabetic Supplies and Glucose Meters | Covered | Covered |
| Diagnostic Tests Lab and Radiology Services and X-Rays | Covered | Covered |
| Dietary Services | Not Covered | Covered |
| Doctor Office Visits | Covered | Covered |

| Benefit | Medicaid | UnitedHealthcare Dual Complete® (HMO-POS SNP) |
|--|-------------|---|
| Durable Medical Equipment | Covered | Covered |
| Emergency Care | Covered | Covered |
| Family Planning | Covered | Covered |
| Foot Care | Not Covered | Covered |
| Hearing Services | Covered | Covered |
| HIV Testing and Counseling | Covered | Covered |
| Home Health Care | Covered | Covered |
| Hospice | Covered | Covered |
| Hospital Behavioral Health Inpatient (BH) | Covered | Covered |
| Immunizations | Covered | Covered |
| Inpatient Hospital Care | Covered | Covered |
| Intensive Care Coordination/Case Management | Covered | Not Covered beyond Original Medicare |
| Long-Term Care / Nursing Facility Services | Covered | Covered |
| Newborn Services | Covered | Not Covered beyond Original Medicare |
| Nutritional Counseling | Covered | Covered |
| Outpatient hospital services | Covered | Covered |
| Personal Care Services | Not Covered | Not Covered beyond Original Medicare |
| Personal Emergency Response Services (PERS) | Covered | Covered |
| Physical Occupational and Speech Therapy | Covered | Covered |
| Pregnancy-Related Services | Covered | Not Covered beyond Original Medicare |
| Prescription Drug Benefits | Covered | Covered |
| Preventive Care | Covered | Covered |
| Psychosocial Rehabilitation | Covered | Not Covered beyond Original Medicare |

| Benefit | Medicaid | UnitedHealthcare Dual Complete® (HMO-POS SNP) |
|---|-------------|---|
| Screening Diagnosis and Treatment of Sexually Transmitted Diseases | Covered | Covered |
| Services Provided by Mid-Level Practitioners | Covered | Covered |
| Skilled Nursing Facility (SNF) | Covered | Covered |
| Sleep Studies | Not Covered | Not Covered beyond Original Medicare |
| Smoking Cessation | Covered | Covered |
| Sterilization and Hysterectomies | Covered | Not Covered beyond Original Medicare |
| Transportation (Routine) | Covered | Not Covered |
| Urgently Needed Services | Covered | Covered |
| Vision Services | Covered | Covered |
| Weight Loss Surgery (Bariatric Surgery) | Covered | Not Covered beyond Original Medicare |

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 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® (HMO-POS SNP).

| Benefit Type | Vendor Name | Contact Information |
|--|------------------------------|--|
| Hearing Exams | EPIC Hearing Health Care | 1-866-956-5400, TTY 711 6 a.m. - 6 p.m. PT, Monday - Friday www.epichearing.com |
| Hearing Aids | EPIC Hearing Health Care | 1-866-956-5400, TTY 711 6 a.m. - 6 p.m. PT, Monday - Friday www.epichearing.com |
| Vision Care | UnitedHealthcare Vision® | 1-866-262-9947, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week www.UHCCommunityPlan.com |
| Dental Services | UnitedHealthcare Dental | 1-866-262-9947, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week www.UHCCommunityPlan.com |
| Routine Acupuncture and Chiropractic Services | OptumHealth™ Physical Health | 1-866-785-1654, TTY 1-888-877-5378 8 a.m. - 8 p.m. ET, Monday - Friday https://www.myoptumhealthphysicalhealth.com/providerLocator.asp |
| NurseLine | NurseLine SM | 1-877-440-9407, TTY 711 24 hours a day, 7 days a week |
| Health Products Benefit | 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 www.HealthProductsBenefit.com |
| Personal Emergency Response System | Philips Lifeline | 1-800-368-2925, TTY 711 8:30 a.m. - 6:30 p.m. ET, Monday - Friday |