

2018 SUMMARY OF BENEFITS



Overview of your plan

UnitedHealthcare® Senior Care Options (HMO SNP)
H2226-001

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



Toll-Free 1-888-867-5511, TTY 711
8 a.m. - 8 p.m. local time, 7 days a week



www.UHCCommunityPlan.com



Our service area includes these counties in:

Massachusetts: Bristol, Essex, Hampden,* Middlesex, Norfolk, Plymouth, Suffolk, Worcester.

*partial county

Our service area includes these ZIP codes in Hampden:

01001, 01009, 01010, 01013, 01014, 01020, 01021, 01022, 01028, 01030, 01036, 01040, 01041, 01056, 01057, 01069, 01079, 01080, 01081, 01089, 01090, 01095, 01097, 01101, 01102, 01103, 01104, 01105, 01106, 01107, 01108, 01109, 01111, 01115, 01116, 01118, 01119, 01128, 01129, 01138, 01139, 01144, 01151, 01152, 01199, 01521.

Summary of Benefits

January 1, 2018 - December 31, 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® Senior Care Options (HMO SNP) is a Dual Eligible Special Needs Plan (D-SNP) with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and MassHealth (Medicaid), live in our service area as listed inside the cover, and be a United States citizen or are lawfully present in the United States. However, MassHealth may still consider you eligible for MassHealth Standard and if you remain eligible for MassHealth Standard, you may remain enrolled in UnitedHealthcare Senior Care Options as a Medicaid-only eligible member.

UnitedHealthcare® Senior Care Options (HMO SNP) is a Dual Eligible Special Needs Plan (D-SNP) for individuals who do not have any cost sharing responsibility. Since you have both Medicare and Medicaid, your services are paid first by Medicare and then by Medicaid.

You must have MassHealth Standard to enroll in UnitedHealthcare® Senior Care Options (HMO SNP) (SCO). Below are the categories of people who can enroll in SCO:

- **Specified Low-Income Medicare Beneficiary (SLMB+).** You are eligible for full Medicaid benefits and Medicaid pays your Part B premium. Your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay if a service or benefit is not covered by either Medicare or Medicaid.
- **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.

If your category of Medicaid eligibility changes, you may no longer be eligible for SCO. You must recertify your Medicaid enrollment to continue to receive your Medicare coverage.

People who qualify for Medicare and Medicaid are known as **dual eligibles**. If you are a dual eligible, you are eligible for benefits under both the federal Medicare program and MassHealth. UnitedHealthcare® Senior Care Options (HMO SNP) members must have MassHealth (Medicaid) benefits and meet other requirements.

You may also join this plan if you only have MassHealth (Medicaid) coverage.

Please contact MassHealth at 1-800-841-2900 for the most current and accurate information regarding your MassHealth eligibility and benefits.

Use network providers and pharmacies.

This plan 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 these services or drugs.

You can go to 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® Senior Care Options (HMO SNP)

Premiums and Benefits	In-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)	As a UnitedHealthcare® Senior Care Options (HMO SNP) member, you have no out-of-pocket expenses. You will not be responsible for any copayments or coinsurance for drugs or other covered services provided by plan providers.

UnitedHealthcare® Senior Care Options (HMO SNP)

No prior authorizations or referrals are needed for covered services from plan providers.

Benefits		In-Network
Inpatient Hospital		\$0 copay per admit Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient Hospital, including Observation		\$0 copay
Doctor Visits	Primary	\$0 copay
	Specialists	\$0 copay
Preventive Care	Medicare-covered	\$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 HIV screening Lung cancer screenings Medical nutrition therapy services 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 “Welcome to Medicare” preventive visit (one-time) Any additional preventive services approved by Medicare during the contract year will be covered.

Benefits

In-Network

<p>Preventive Care (cont.)</p>	<p>These plans cover preventive care screenings and annual physical exams at 100% when you use in-network providers.</p>	<p>\$0 copay</p>
	<p>Routine Physical</p>	<p>\$0 copay; 1 per year</p>
<p>Emergency Care</p>		<p>\$0 copay</p>
<p>Urgently Needed Services</p>		<p>\$0 copay</p>
<p>Diagnostic Tests, Lab and Radiology Services, and X-rays</p>	<p>Diagnostic radiology services (e.g., MRI)</p>	<p>\$0 copay per service</p>
	<p>Lab services</p>	<p>\$0 copay per service</p>
	<p>Diagnostic tests and procedures</p>	<p>\$0 copay per service</p>
	<p>Therapeutic Radiology</p>	<p>\$0 copay per service</p>
	<p>Outpatient X-rays</p>	<p>\$0 copay per service</p>
<p>Hearing Services</p> <p>One routine hearing exam per year, exams to diagnose and treat hearing and balance issues, exams for the purpose of fitting hearing aids, follow-up exams and adjustments.</p> <p>Hearing aids, as well as associated accessories and supplies, are covered up to a limit.</p>		<p>\$0 copay</p>
<p>Dental Services</p> <p>Includes emergency care visits, X-rays, extractions, dentures, and oral surgery. Cleanings, fillings, certain x-rays and routine visits are covered for one visit every six months. Authorization may be needed for certain services.</p>		<p>\$0 copay</p>

Benefits

In-Network

Vision Services

Covers medically necessary eye care services for detection and treatment of disease or injury to the eye, including a comprehensive eye exam once per year. Covers eyeglass frames, up to one pair of eyewear each year with an \$175.00 dollar limit on frames. Corrective lenses for the glasses and vision training are covered. Standard eyewear after cataract surgery is also covered.

\$0 copay

Mental Health

- Covers:
- Inpatient services
 - Community Support
 - Crisis Stabilization
 - Electro-Convulsive Therapy
 - Emergency Screening Services
 - Medication Management Services
 - Observation
 - Outpatient Mental Health Services (individual and group therapy)
 - Outpatient Substance Abuse Services (individual and group therapy)
 - Partial Hospitalization
 - Psychiatric Day Treatment
 - Psychological Neuropsychological Testing
 - Residential Substance Abuse Treatment
 - Short-Term Crisis Counseling
 - Short-Term Crisis Stabilization Services
 - Specializing Services
 - Structured Outpatient Addiction Programs

\$0 copay

Skilled Nursing Facility (SNF)

\$0 copay per day for days 1 through 100.

Physical Therapy

- Speech Therapy

\$0 copay

Benefits

In-Network

Ambulance		\$0 copay
Routine Transportation Necessary taxi, and chaircar transport for medical reasons, within the Commonwealth of Massachusetts. Out-of-state transport requires prior authorization. Reservations required.		\$0 copay
Medicare Part B Drugs	Chemotherapy drugs	\$0 copay
	Other Part B drugs	\$0 copay

Prescription Drugs

Annual pharmacy deductible	Since you have no deductible, this doesn't apply.
30-day supply from retail network pharmacy	
Generic (including brand drugs treated as generic)	\$0 copay
All other drugs	\$0 copay

Additional Benefits

Additional Benefits		In-Network
Acupuncture Up to 20 visits without authorization.		\$0 copay
Adult Day Health		\$0 copay
Adult Foster Care/Group Adult Foster Care		\$0 copay
Chiropractic Services Up to 20 visits without authorization.		\$0 copay
Community Based Services		\$0 copay
Day Habilitation		\$0 copay
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® Guide, ACCU-CHEK® Aviva Plus, ACCU-CHEK® Nano SmartView, ACCU-CHEK® Aviva Connect.
	Diabetes Self-management training	\$0 copay
	Therapeutic shoes or inserts	\$0 copay
Durable Medical Equipment	Durable Medical Equipment (e.g., wheelchairs, oxygen)	\$0 copay
	Prosthetics (e.g., braces, artificial limbs)	\$0 copay
Fitness program through SilverSneakers®		Basic membership in a Fitness Program at a network location.

Additional Benefits

	In-Network
Foot Care (podiatry services) Six routine foot care visits and all medically necessary visits.	\$0 copay
Geriatric Support Services Coordination	\$0 copay
Health Products Catalog \$80 quarterly credit, up to \$320 annually	\$0 copay
Home Health Care	\$0 copay
Hospice	<p>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.</p> <p>If you only have MassHealth, you will be responsible for costs unless the hospice is contracted with UnitedHealthcare.</p>
Occupational Therapy	\$0 copay
Outpatient Surgery	\$0 copay
Over-the-Counter Drugs based on our Formulary	\$0 copay
Personal Care Attendant (PCA) Services	\$0 copay
Renal Dialysis	\$0 copay

For more information on plan benefits, please see the Evidence of Coverage. Authorization rules may apply.

Required Information

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

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

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

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.

Benefits, may change on January 1 of each year. Please contact the plan for further details. SCO Enrollees have no out of pocket costs.

UnitedHealthcare SCO is a Coordinated Care plan with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in the plan depends on the plan’s contract renewal with Medicare. This plan is a voluntary program that is available to anyone 65 and older who qualifies for MassHealth Standard and Original Medicare. If you have MassHealth Standard, but you do not qualify for Original Medicare, you may still be eligible to enroll in our MassHealth Senior Care Option plan and receive all of your MassHealth benefits through our SCO program.

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-888-834-3721 (TTY 711) if you are not a member, or call us at 1-888-867-5511 (TTY 711) if you are already a member.

Vendor Information

Before contacting any of the providers below you must be fully enrolled in UnitedHealthcare® Senior Care Options (HMO SNP).

Benefit Type	Vendor Name	Contact Information
Health Products Benefit Catalog	FirstLine Medical®	1-800-933-2914, TTY 711 7 a.m. - 7 p.m. Central Time, Monday - Friday; 7 a.m. - 4 p.m. Central Time, Saturday www.HealthProductsBenefit.com
Fitness Program	SilverSneakers® Fitness program	1-888-423-4632, TTY 711 8 a.m. - 8 p.m. Eastern Time, Monday - Friday silversneakers.com