

2018 SUMMARY OF BENEFITS



Overview of your plan

UnitedHealthcare Dual Complete® (HMO SNP)

H0251-002

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:

Tennessee: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McMinn, McNairy, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson.

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 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 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.
- **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.
- **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 or 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 Bureau of TennCare 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 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 |
| FBDE | No | Varies by state | No | Varies by state | Yes |

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

²QMBs 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® (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 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 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) | \$0 annually for Medicare-covered services from in-network providers. |

UnitedHealthcare Dual Complete® (HMO SNP)

| Benefits | | In-Network |
|--|------------------|---|
| Inpatient Hospital | | \$0 copay per day for unlimited days |
| | | 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 |
| | | <ul style="list-style-type: none"> 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 |
|---|---|--|
| | | <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 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 |
| | Lab services | \$0 copay |
| | Diagnostic tests and procedures | \$0 copay per service |
| | Therapeutic Radiology | \$0 copay |
| | Outpatient X-rays | \$0 copay per service |
| Hearing Services | Exam to diagnose and treat hearing and balance issues | \$0 copay |
| | Routine hearing exam | \$0 copay; 1 per year |
| | Hearing aid | \$2,000 allowance every 2 years |
| Routine Dental Services | Preventive | \$0 copay for covered services (exam, cleaning, x-rays) |
| | Comprehensive | \$0 copay for covered services |
| | Benefit limit | \$2,500 limit on all covered dental services |

| Benefits | | In-Network |
|---|---|---|
| Vision Services | Exam to diagnose and treat diseases and conditions of the eye | \$0 copay |
| | Eyewear after cataract surgery | \$0 copay |
| | Routine eye exam | \$0 copay Up to 1 every year |
| | Eyewear | \$0 copay every 2 years; up to \$250 for lenses/frames and contacts |
| Mental Health | Inpatient visit | \$0 copay per day, up to 90 days |
| | | Our plan covers 90 days for an inpatient hospital stay. |
| | Outpatient group therapy visit | \$0 copay |
| | Outpatient individual therapy visit | \$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. |
| Physical therapy and speech and language therapy visit | | \$0 copay |
| Ambulance | | \$0 copay |
| Routine Transportation | | \$0 copay; 40 one-way trips per year to or from approved locations |
| Medicare Part B Drugs | Chemotherapy drugs | \$0 copay |
| | Other Part B drugs | \$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:

| | |
|---|---|
| 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

| | | |
|---|---|--|
| Chiropractic Care and Acupuncture | | \$0 copay Combination of 10 chiropractic and acupuncture visits per year |
| Chiropractic Care | Manual manipulation of the spine to correct subluxation | \$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 [®] Nano SmartView, ACCU-CHEK [®] Aviva Plus, ACCU-CHEK [®] Guide, and ACCU-CHEK [®] Aviva Connect |
| | Diabetes Self-management training | \$0 copay |
| | Therapeutic shoes or inserts | \$0 copay |
| Durable Medical Equipment (DME) and Related Supplies | Durable Medical Equipment (e.g., wheelchairs, oxygen) | \$0 copay |
| | Prosthetics (e.g., braces, artificial limbs) | \$0 copay |
| Fitness program through SilverSneakers[®] Fitness | | Basic membership in a fitness program at a network location. |
| Foot Care (podiatry services) | Foot exams and treatment | \$0 copay |
| | Routine foot care | \$0 copay; for each visit up to 4 visits every year |
| Home Health Care | | \$0 copay |
| 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. |

| Additional Benefits | | In-Network |
|------------------------------------|-------------------------------------|--|
| NurseLineSM | | Speak with a registered nurse (RN) 24 hours a day, 7 days a week |
| Occupational Therapy Visit | | \$0 copay |
| Outpatient Substance Abuse | Outpatient group therapy visit | \$0 copay |
| | Outpatient individual therapy visit | \$0 copay |
| Outpatient Surgery | | \$0 copay |
| Health Products Benefit | | \$200 credit per quarter to use on approved health products. |
| Renal Dialysis | | \$0 copay |
| 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. |
| Virtual Doctor Visits | | Speak to specific doctors using your computer or mobile device. Find participating doctors online at www.amwell.com . |

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 Bureau of TennCare 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 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 Bureau of TennCare, 1-800-342-3145.

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 SNP) |
|------------------------------------|---|---|
| Additional Dental Services | Covered | Covered |
| Additional Foot Care | Covered | Covered |
| Additional Hearing Services | Covered | Covered |
| Additional Vision Services | Covered | Covered |
| Ambulance | Covered | Covered |
| Chiropractic Care | Covered for TennCare services for QMB beneficiaries and beneficiaries under the age of 21. Not Covered for non-QMB beneficiaries 21 years old and older. | Covered |
| Dental Services | Covered for TennCare services for QMB beneficiaries and beneficiaries under the age of 21. Not Covered for non-QMB beneficiaries 21 years old and older. | Covered |

| Benefit | Medicaid | UnitedHealthcare Dual Complete® (HMO SNP) |
|---|----------|---|
| 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 |
| Intermediate Care Facilities | Covered | Covered |
| Mental Health Care | Covered | Covered |
| Mental Health Case Management | Covered | Covered |
| Mental Health Crisis Services | Covered | Covered |
| Outpatient hospital services | Covered | Covered |
| Prescription Drug Benefits | 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.

Notice: TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits.

Any additional Medicare benefit mentioned in this communication above Original Medicare is applicable to the Medicare benefit only and does not indicate increased Medicaid benefits.

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 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 | MARCH® Vision Care | 1-800-690-1606, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week www.UHCCommunityPlan.com |
| Dental Services | UnitedHealthcare Dental | 1-800-690-1606, 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 | 1-800-690-1606, TTY 711 24 hours a day, 7 days a week |
| Routine Transportation (Limited to ground transportation only) | Tennessee Carriers, Inc. | 1-866-405-0238, TTY 1-877-779-3103 7 a.m. - 7 p.m. CT, Monday - Friday www.tenn carriers.com |
| 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 |

| Benefit Type | Vendor Name | Contact Information |
|------------------------------|---------------------------------|--|
| Fitness Membership | SilverSneakers® Fitness program | 1-888-423-4632, TTY 711 8 a.m. - 8 p.m. ET, Monday - Friday silversneakers.com |
| Virtual Doctor Visits | Amwell | 1-800-690-1606, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week www.amwell.com |