

2020 SUMMARY OF BENEFITS



Overview of your plan

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

UnitedHealthcare® Senior Care Options NHC (HMO D-SNP)
H2226-003

Look inside to take advantage of the health services and drug coverages the plan provides.
Call Customer Service or go online for more information about the plan.



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



www.UHCCommunityPlan.com



Introduction

This document is a brief summary of the benefits and services covered by UnitedHealthcare® Senior Care Options (HMO D-SNP) and UnitedHealthcare® Senior Care Options NHC (HMO D-SNP) (UnitedHealthcare® Senior Care Options). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of UnitedHealthcare® Senior Care Options. Key terms and their definitions appear in alphabetical order in the last chapter of the **Evidence of Coverage**.

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If you have questions, please call UnitedHealthcare® Senior Care Options at 1-888-867-5511 and TTY 711, 8 a.m. – 8 p.m. local time, 7 days a week. The call is free. **For more information**, visit www.UHCCommunityPlan.com.

A. Disclaimers



This is a summary of health services covered by UnitedHealthcare® Senior Care Options for January 1, 2020 to December 31, 2020. This is only a summary. Please read the **Evidence of Coverage** for the full list of benefits. If you don't have an **Evidence of Coverage**, call UnitedHealthcare® Senior Care Options Customer Service at the number at the bottom of this page to get one.

- UnitedHealthcare® Senior Care Options is a health plan that contracts with both Medicare and MassHealth to provide benefits of both programs to enrollees. It is for people with MassHealth age 65 and older.
- 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.
- Under UnitedHealthcare® Senior Care Options you can get your Medicare and MassHealth services in one health plan called a Senior Care Options plan. A UnitedHealthcare® Senior Care Options care coordinator/manager will help manage your health care needs.
- Benefits may change on January 1 of each year.
- The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.
- Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. Enrollees have no out of pocket costs.
- You are not required to use OptumRx home delivery for a 90 day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. Prescriptions from OptumRx should arrive within 5 business days after we receive the complete order. Contact OptumRx anytime at 1-877-266-4832, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company.
- Every year, Medicare evaluates plans based on a 5-star rating system.
- This information is available for free in other languages. Please call our customer service number located on the first page of this book.
- Esta información esta disponible sin costo en otros idiomas. Comuníquese con nuestro número de Servicio al Cliente situado en la cobertura de este libro.
- This information is not a complete description of benefits. Contact the plan for more information. Limitations and restrictions may apply.



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- For more information about **Medicare**, you can read the **Medicare & You** handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (<https://www.medicare.gov>) or 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. For more information about **MassHealth**, call 1-800-841-2900. TTY users should call 1-800-497-4648.
- **ATTENTION:** If you speak Spanish, Chinese, Vietnamese, or Russian, language assistance services, free of charge, are available to you. Call 1-888-867-5511 (TTY 711), 8 a.m. – 8 p.m. local time, 7 days a week. The call is free.
- **Spanish:** ATENCIÓN: Si habla español, chino, vietnamita o ruso, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-888-867-5511 (TTY 711), de 8 a.m. a 8 p.m., hora local, los 7 días de la semana. La llamada es gratis.
- **Chinese:** 請注意：如果您講西班牙語、中文、越南語或俄羅斯語，可免費向您提供語言協助服務。請致電 1-888-867-5511（聽力語言殘障服務專線 711），每週 7 天，當地時間上午 8 時至晚上 8 時。以上為免付費電話。
- **Vietnamese:** XIN LƯU Ý: Nếu quý vị nói tiếng Tây Ban Nha, Hoa, Việt, hoặc Nga, có sẵn các dịch vụ hỗ trợ ngôn ngữ, miễn phí dành cho quý vị. Xin gọi 1-888-867-5511 (TTY 711), 8 giờ sáng đến 8 giờ tối theo giờ địa phương, 7 ngày trong tuần. Cuộc gọi này là miễn phí.
- **Russian:** ВНИМАНИЕ! Если вы говорите по-испански, по-китайски, по-вьетнамски или по-русски, мы можем предложить вам бесплатные услуги переводчика. Звоните по телефону 1-888-867-5511 (линия ТТУ: 711), с 8 утра до 8 вечера по местному времени, 7 дней в неделю. Звонок бесплатный.
- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-888-867-5511 and TTY 711, 8 a.m. – 8 p.m. local time, 7 days a week. The call is free.
- You can call Customer Service and ask us to make a note in our system that you would like materials in Spanish, large print, braille, or audio now and in the future.
- The Massachusetts Ombudsman program helps people enrolled in MassHealth (Medicaid) with service or billing problems. They can help you file a grievance or appeal with our plan. The LTC Ombudsman program helps people get information about nursing homes and resolve problems between nursing homes and residents or their families. To reach either program, please call: 1-855-781-9898 (Toll-free) from 8-5 local time Monday-Friday (TTY 1-800-872-0166, you need to use the MassRelay at 711 to call this number and it requires special telephone equipment.) You can also write to them using e-mail: info@myombudsman.org or to their Office at 11 Dartmouth St, Ste 301, Malden, MA 02148. Their office has walk-in hours on Mondays from 1p.m.- 4p.m., Thursdays from 9a.m. - 12p.m, and by appointment. The office is wheelchair accessible. You can also get information from their website www.myombudsman.org.
- Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare Senior Care Options members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.



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- Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Consult a health care professional before beginning any exercise program. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries.
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- UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities.
- **We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll free member phone number listed on your health plan member ID card, TTY 711, daily, 8:00 a.m. to 8:00 p.m.**
- **ATENCIÓN:** Si habla español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.
- **ATENÇÃO:** Caso fale português, serviços de intérprete estão disponíveis sem custo para você. Ligue para o número de ligação gratuita para associados exibido no seu cartão de identificação.




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B. Frequently Asked Questions (FAQ)

The following chart lists frequently asked questions.

Frequently Asked Questions	Answers
<p>What is a Senior Care Options Plan?</p>	<p>A Senior Care Options Plan is a health plan that contracts with both Medicare and MassHealth to provide benefits of both programs to enrollees. It is for people age 65 and older. A Senior Care Options Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services and supports (LTSS), and other providers. It also has care coordinators/managers to help you manage all your providers and services and supports. They all work together to provide the care you need.</p> <p>Our NHC Plan is for seniors over age 65, who are enrolled in Medicare Part A and B and MassHealth Standard coverage who reside in an institution or who are in the community but receive home and community-based support services because they have functional deficits. These services help persons who normally qualify for a nursing home (Nursing Home Certifiable) to remain safely at home.</p>
<p>Will you get the same Medicare and MassHealth benefits in UnitedHealthcare® Senior Care Options that you get now? (continued on the next page)</p>	<p>You will get your covered Medicare and MassHealth benefits directly from UnitedHealthcare® Senior Care Options. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change. You may also get other benefits the same way you do now, directly from a State Agency like the Department of Mental Health or the Department of Developmental Services.</p> <p>When you enroll in UnitedHealthcare® Senior Care Options, you and your care team will work together to develop an Individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals.</p>

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Frequently Asked Questions


	Answers
<p>Will you get the same Medicare and MassHealth benefits in UnitedHealthcare® Senior Care Options that you get now? (continued from previous page)</p>	<p>If you are taking any Medicare Part D prescription drugs that UnitedHealthcare® Senior Care Options does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for UnitedHealthcare® Senior Care Options to cover your drug if medically necessary. For more information, call Customer Service.</p>
<p>Can you go to the same doctors you see now?</p>	<p>Often that is the case. If your providers (including doctors, hospitals, therapists, pharmacies, long-term services and supports (LTSS), and other health care providers) work with UnitedHealthcare® Senior Care Options and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in UnitedHealthcare® Senior Care Options’s network. If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UnitedHealthcare® Senior Care Options’s plan. <p>To find out if your doctors are in the plan’s network, call Customer Service or read UnitedHealthcare® Senior Care Options’s Provider Directory.</p> <p>If UnitedHealthcare® Senior Care Options is new for you, we will work with you to develop an Individualized Plan of Care to address your needs.</p>
<p>What is a UnitedHealthcare® Senior Care Options care coordinator/manager?</p>	<p>A UnitedHealthcare® Senior Care Options care coordinator/manager is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.</p>



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Frequently Asked Questions

	Answers
<p>What are long-term services and supports (LTSS)?</p>	<p>Long-term services and supports are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. A few common examples of LTSS include Adult Day Health programs, Personal Care Attendants, Adult Foster Care, and homemakers.</p>
<p>What is a Geriatric Services Supports Coordinator (GSSC)?</p>	<p>A UnitedHealthcare® Senior Care Options GSSC is a person who works with your care coordinator/manager on your care team who is an expert in LTSS. This person helps you get services that help you live independently in your home and can be changed at your request.</p>
<p>What happens if you need a service but no one in UnitedHealthcare® Senior Care Options’s network can provide it?</p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, UnitedHealthcare® Senior Care Options will pay for the cost of an out-of-network provider.</p>
<p>Where is UnitedHealthcare® Senior Care Options available?</p>	<p>The service area for this plan includes: Bristol, Essex, Hampden*, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester Counties, Massachusetts. You must live in one of these areas to join the plan.</p> <p>*Denotes partial county. Call Customer Service for more information about whether the plan is available where you live.</p>

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Frequently Asked Questions

	Answers
<p>What is prior authorization?</p>	<p>Prior authorization means an approval from UnitedHealthcare® Senior Care Options to seek services outside of our network or to get services not routinely covered by our network before you get the services. UnitedHealthcare® Senior Care Options may not cover the service, procedure, item, or drug if you or your provider doesn't get prior approval.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first. UnitedHealthcare® Senior Care Options can provide you or your provider with a list of services or procedures that require you to get prior authorization from UnitedHealthcare® Senior Care Options before the service is provided. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Customer Service for help.</p>
<p>Do you pay a monthly amount (also called a premium) under UnitedHealthcare® Senior Care Options?</p>	<p>No. Because you have MassHealth, you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.</p>
<p>Do you pay a deductible as a member of UnitedHealthcare® Senior Care Options?</p>	<p>No. You do not pay deductibles in UnitedHealthcare® Senior Care Options.</p>
<p>What is the maximum out-of-pocket amount that you will pay for medical services as a member of UnitedHealthcare® Senior Care Options?</p>	<p>There is no cost sharing for medical services in UnitedHealthcare® Senior Care Options, so your annual out-of-pocket costs will be \$0.</p>



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C. List of Covered Services

The following chart is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
You need hospital care	Hospital stay	\$0	Your provider will need to obtain prior authorization for services.
	Doctor or surgeon care	\$0	Your provider may need to obtain prior authorization for services.
	Outpatient hospital services, including observation	\$0	Your provider may need to obtain prior authorization for services.
	Ambulatory surgical center (ASC) services	\$0	Your provider may need to obtain prior authorization for services.
You want to see a doctor	Visits to treat an injury or illness	\$0	Your provider may need to obtain prior authorization for services.
	Specialist care	\$0	Your provider may need to obtain prior authorization for services.
	Wellness visits, such as a physical	\$0	
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	Your provider may need to obtain prior authorization for services.
	“Welcome to Medicare” (preventative visit one time only)	\$0	



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Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
<p>You need emergency care</p>	<p>Emergency room services</p>	<p>\$0</p>	<p>Worldwide coverage is available. You may use any emergency room, even if out-of-network and no authorization is needed.</p>
	<p>Urgent care</p>	<p>\$0</p>	<p>Worldwide coverage is available. You may use any urgent care center, even if out-of-network and no authorization is needed.</p>
<p>You need medical tests</p>	<p>Diagnostic radiology services, (for example, X-rays or other imaging services, such as CAT scans or MRIs)</p>	<p>\$0</p>	<p>Your provider may need to obtain prior authorization for services.</p>
	<p>Lab tests and diagnostic procedures, such as blood work</p>	<p>\$0</p>	<p>Your provider may need to obtain prior authorization for services.</p>
<p>You need hearing/auditory services</p>	<p>Hearing screenings</p>	<p>\$0</p>	<p>Your provider may need to obtain prior authorization for services. Routine hearing exams do not require authorization.</p>
	<p>Hearing aids</p>	<p>\$0</p>	<p>Your provider may need to obtain prior authorization for services.</p>
<p>You need dental care</p>	<p>Dental check-ups and preventive care</p>	<p>\$0</p>	
	<p>Restorative and emergency dental care</p>	<p>\$0</p>	<p>Your provider may need to obtain prior authorization for services.</p>



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Health need or concern


	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
You need eye care	Eye exams	\$0	Your provider may need to obtain prior authorization for services. Routine eye exams do not require authorization.
	Glasses or contact lenses	\$0	\$0 copay every year; up to \$200 for frames and contact lenses. Standard (single, bifocal, trifocal, or progressive) lenses are covered in full.
	Other vision care	\$0	Your provider may need to obtain prior authorization for services.
You have a mental health condition	Mental or behavioral health services	\$0	Your provider may need to obtain prior authorization for services.
	Inpatient and outpatient care and community-based services for people who need mental health care	\$0	Your provider may need to obtain prior authorization for services.
You have a substance use disorder	Substance use services	\$0	Your provider may need to obtain prior authorization for services.
You need a place to live with people available to help you	Skilled nursing care	\$0	Up to 100 days per calendar year. Your provider may need to obtain prior authorization for services.
	Nursing home care	\$0	Your provider may need to obtain prior authorization for services.
	Adult Foster Care and Group Adult Foster Care	\$0	Your provider may need to obtain prior authorization for services.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Your provider may need to obtain prior authorization for services.



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Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
You need help getting to health services	Ambulance services	\$0	Authorization is required for Non-emergency Medicare-covered ambulance ground and air transportation.
	Emergency transportation	\$0	Available worldwide and within the U.S and its territories without authorization.
	Transportation to medical appointments and services	\$0	Necessary taxi, and chaircar transport for medical reasons, within the Commonwealth of Massachusetts. Out-of-state transport requires prior authorization. Reservations required.
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in his or her office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the Evidence of Coverage for more information on these drugs. Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.
	Generic drugs (no brand name)	\$0	There may be limitations on the types of drugs covered. Please see UnitedHealthcare® Senior Care Options’s List of Covered Drugs (Drug List) for more information. Extended-day supplies are available at retail and/or mail order pharmacy locations at no extra cost to you.

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Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
<p>You need drugs to treat your illness or condition (continued from previous page)</p>	Brand name drugs	\$0	<p>There may be limitations on the types of drugs covered. Please see UnitedHealthcare® Senior Care Options’s List of Covered Drugs (Drug List) for more information.</p> <p>Extended-day supplies are available at retail and/or mail order pharmacy locations at no extra cost to you.</p>
	Over-the-counter (OTC) drugs	\$0	<p>There may be limitations on the types of drugs covered. Please see UnitedHealthcare® Senior Care Options’s List of Covered Drugs (Drug List) for more information.</p>
<p>You need help getting better or have special health needs</p>	Rehabilitation services	\$0	<p>Your provider may need to obtain prior authorization for services.</p>
	Medical equipment for home care	\$0	<p>Prior authorization required for certain medical equipment. Please work with your care coordinator/manager to determine if prior authorization is required.</p>
	Dialysis services	\$0	<p>Your provider may need to obtain prior authorization for services.</p>
<p>You need foot care</p>	Podiatry services	\$0	<p>Six routine foot care visits and all medically necessary visits. Your provider may need to obtain prior authorization for services.</p>
	Orthotic services	\$0	<p>Your provider may need to obtain prior authorization for services.</p>

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Health need or concern


	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
<p>You need durable medical equipment (DME)</p> <p>Note: This is not a complete list of covered DME. For a complete list, contact Customer Service or refer to Chapter 4 of the Evidence of Coverage.</p>	Wheelchairs, crutches, and walkers	\$0	Prior authorization required for certain medical equipment. Please work with your care coordinator/manager to determine if prior authorization is required.
	Nebulizers	\$0	Your provider may need to obtain prior authorization for services.
	Oxygen equipment and supplies	\$0	Your provider may need to obtain prior authorization for services.
<p>You need help living at home</p>	Home health services	\$0	Your provider may need to obtain prior authorization for services.
	Home services, such as cleaning or housekeeping	\$0	Prior authorization required for certain home services. Please work with your care coordinator/manager to determine if prior authorization is required.
	Adult day health or other support services	\$0	Your provider may need to obtain prior authorization for services.
	Day habilitation services	\$0	Your provider may need to obtain prior authorization for services.
	Services to help you live on your own (home health care services or personal care attendant services)	\$0	Your provider may need to obtain prior authorization for services.



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Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
<p>Additional services (continued on the next page)</p>	Chiropractic services	\$0	Up to 20 visits without authorization
	Diabetes supplies and services	\$0	<p>We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio® Flex, Accu-Chek® Guide Me, Accu-Chek® Guide, and Accu-Chek® Aviva Plus. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, Accu-Chek® SmartView, and Accu-Chek® Compact Plus. Other brands are not covered by your plan.</p> <p>Your provider may need to obtain prior authorization for some services.</p>
	Fitness program through SilverSneakers®	\$0	Basic membership in a Fitness Program at a network location.
	Health and Wellness Products Card	\$0	<p>Every quarter you'll receive \$150 loaded onto your card. You can use the card to buy health-related items at your local Walmart and other retail locations or through catalog by mail, website or call center.</p>
	Prosthetic services	\$0	Your provider may need to obtain prior authorization for services.
	Radiation therapy	\$0	Your provider may need to obtain prior authorization for services.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
Additional services (continued from previous page)	Services to help manage your disease	\$0	Your provider may need to obtain prior authorization for services.
	Virtual medical visits	\$0	Speak to network telehealth providers using your computer or mobile device. Find participating doctors online at www.amwell.com .

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the UnitedHealthcare® Senior Care Options **Evidence of Coverage**. If you don't have an **Evidence of Coverage**, call UnitedHealthcare® Senior Care Options Customer Service at the number at the bottom of this page to get one. If you have questions, you can also call UnitedHealthcare® Senior Care Options Customer Service or visit www.UHCCommunityPlan.com.

D. Benefits covered outside of UnitedHealthcare® Senior Care Options

There are some services that you can get that are not covered by UnitedHealthcare® Senior Care Options but are covered by Medicare, MassHealth, or a State Agency. This is not a complete list. Call Customer Service to find out about these services.


Other services covered by Medicare, MassHealth, or a State Agency	Your Costs
Certain hospice care services covered outside of UnitedHealthcare® Senior Care Options (If you only have MassHealth, you will be responsible for costs unless the hospice is contracted with UnitedHealthcare.)	\$0
Psychosocial rehabilitation	Please call the state agency for more information.
Targeted case management	Please call the state agency for more information.
Rest home room and board	Please call the Department of Transitional Assistance for more information.

 **If you have questions**, please call UnitedHealthcare® Senior Care Options at 1-888-867-5511 and TTY 711, 8 a.m. – 8 p.m. local time, 7 days a week. The call is free. **For more information**, visit www.UHCCommunityPlan.com.

E. Services that UnitedHealthcare® Senior Care Options, Medicare, and MassHealth do not cover

This is not a complete list. Call Customer Service to find out about other excluded services.

Services UnitedHealthcare® Senior Care Options, Medicare, and MassHealth do not cover	
Any medical care, except emergency or urgently needed services, received outside of the United States and the U.S. Territories	Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will cover reconstruction of a breast after a mastectomy and for treating the other breast to match it.
Elective hysterectomy, tubal ligation, or vasectomy, if the primary indication for these procedures is sterilization. Reversal of sterilization procedures, penile vacuum erection devices, or non-prescription contraceptive supplies.	Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance) unless it is medically necessary
Equipment or supplies that condition the air and other primarily non-medical equipment	Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. Experimental treatment and items are those that are not generally accepted by the medical community.
Immunizations for foreign travel purposes	Naturopath services (uses natural or alternative treatments)
Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television	Private room in a hospital, except when it is medically needed
Services considered not reasonable nor medically necessary, according to the standards of Original Medicare unless covered by MassHealth	Surgical treatment for morbid obesity, except when it is medically needed

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F. Your rights as a member of the plan

As a member of UnitedHealthcare® Senior Care Options, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the **Evidence of Coverage**. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed or public assistance
 - Get information in other formats (for example, large print, braille, or audio) free of charge
 - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. This includes the right to get information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP). You can change your PCP at any time during the year
 - See a women’s health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they are covered
 - Refuse treatment, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it
 - Ask for a second opinion. UnitedHealthcare® Senior Care Options will pay for the cost of your second opinion visit
 - Make your health care wishes known in an advance directive



If you have questions, please call UnitedHealthcare® Senior Care Options at 1-888-867-5511 and TTY 711, 8 a.m. – 8 p.m. local time, 7 days a week. The call is free. For more information, visit www.UHCommunityPlan.com.

- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider’s office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act
 - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior approval in an emergency
 - See an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers
 - Ask for a state fair hearing
 - Get a detailed reason for why services were denied

For more information about your rights, you can read the **Evidence of Coverage**. If you have questions, you can also call UnitedHealthcare® Senior Care Options Customer Service.

G. How to file a complaint or appeal a denied service

If you have a complaint or think UnitedHealthcare® Senior Care Options should cover something we denied, call the number at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 8 of the **Evidence of Coverage**. You can also call UnitedHealthcare® Senior Care Options Customer Service.

For complaints/grievances or medical appeals:

UnitedHealthcare Community Plan
Attn: Complaint and Appeals Department
P.O. Box 6103
MS CA124-0187
Cypress, CA 90630



If you have questions, please call UnitedHealthcare® Senior Care Options at 1-888-867-5511 and TTY 711, 8 a.m. – 8 p.m. local time, 7 days a week. The call is free. **For more information**, visit www.UHCCommunityPlan.com.

For complaints/grievance or drug appeals for Part D or MassHealth Medicaid drugs:

UnitedHealthcare Community Plan
Attn: Part D/MassHealth Standard Appeals
P.O. Box 6103
MS CA124-0197
Cypress, CA 90630-0023

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at UnitedHealthcare® Senior Care Options Customer Service. Phone numbers are on the cover of this summary.
- Or, call the MassHealth Customer Service Center at 1-800-841-2900. TTY users may call 1-800-497-4648.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.



If you have questions, please call UnitedHealthcare® Senior Care Options at 1-888-867-5511 and TTY 711, 8 a.m. – 8 p.m. local time, 7 days a week. The call is free.
For more information, visit www.UHCCommunityPlan.com.

Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service Representative at the number listed on the back cover of this book.

Understanding the Benefits

- ✓ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Call us or go online to view a copy of the EOC. Our phone number and website are listed on the back cover of this book.
- ✓ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ✓ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ✓ Benefits may change on January 1 of each year.
- ✓ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ✓ This plan is a Dual Eligible Special Needs Plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid. To qualify, you must be 65 or older, be eligible to receive Medicare Part A, and be enrolled in Medicare Part B and MassHealth Standard. You may also need to live in your own home or a nursing facility. If you have MassHealth Standard, but you do not qualify for Medicare Part A and/or Medicare Part B, you may still be eligible to enroll.



If you have general questions or questions about our plan, services, service area, billing, or UnitedHealthcare Member ID Cards, please call UnitedHealthcare® Senior Care Options Customer Service:

CALL 1-888-867-5511

Calls to this number are free. 8 a.m. – 8 p.m. local time, 7 days a week. Customer Service also has free language interpreter services available for non-English speakers.

TTY 711

Calls to this number are free. 8 a.m. – 8 p.m. local time, 7 days a week.



If you have questions about your health:

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
 - If your PCP's office is closed, you can also call the Health Services Access Line. A nurse will listen to your problem and tell you how to get care. (Example: urgent care, emergency room). The numbers for the Health Services Access Line are:
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CALL 1-888-867-5511

Calls to this number are free. 24 hours a day, 7 days a week. UnitedHealthcare® Senior Care Options also has free language interpreter services available for non-English speakers.

TTY 711

Calls to this number are free. 24 hours a day, 7 days a week.



If you need immediate behavioral health care, please call the Behavioral Health Crisis Line:

CALL 1-888-867-5511

Calls to this number are free. 24 hours a day, 7 days a week.

UnitedHealthcare® Senior Care Options also has free language interpreter services available for non-English speakers.

TTY 711

Calls to this number are free. 24 hours a day, 7 days a week.