

Summary of Benefits 2020



Overview of your plan

UnitedHealthcare Dual Complete® (HMO-POS D-SNP)

H5253-041-000

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 **1-855-545-9340**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



www.UHCCommunityPlan.com



Summary of Benefits

January 1st, 2020 - December 31st, 2020

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 for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

About this plan.

UnitedHealthcare Dual Complete® (HMO-POS D-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 below, 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. How much Medicaid covers depends on your income, resources and other factors. Some people get full Medicaid benefits. Some only get help to pay for certain Medicare costs, which may include premiums, deductibles, coinsurance, or copays.

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. You pay nothing, except for Part D prescription drug copays.
- 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 copayment amounts only. You pay nothing, except for Part D prescription drug copays.
- Qualified Disabled and Working Individual (QDWI):** Medicaid pays your Part A premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. There may be some services that do not have a member cost share amount.
- Specified Low-Income Medicare Beneficiary (SLMB+):** Medicaid pays your Part B premium and provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from your state Medicaid agency 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.

- **Specified Low-Income Medicare Beneficiary (SLMB):** Medicaid pays your Part B premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. There may be some services that do not have a member cost share amount.

- **Full Benefits Dual Eligible (FBDE):** Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the State Medicaid Office 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.

Our service area includes these counties in:

North Carolina: Alamance, Buncombe, Caswell, Catawba, Chatham, Cumberland, Davidson, Davie, Durham, Forsyth, Guilford, Henderson, Mecklenburg, Orange, Person, Randolph, Rockingham, Rowan, Stokes, Wake, Wilkes, Yadkin.

Use network providers and pharmacies.

UnitedHealthcare Dual Complete® (HMO-POS D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. For some services you can use providers that are not in our network. 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 a 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 Drug List (Formulary) to see what drugs are covered, and if there are any restrictions.

UnitedHealthcare Dual Complete® (HMO-POS D-SNP)

Premiums and Benefits	In-Network	Out-of-Network
Monthly Plan Premium	\$24.20	
Annual Medical Deductible	This plan does not have a deductible.	
Maximum Out-of-Pocket Amount (does not include prescription drugs)	\$6,700 annually for Medicare-covered services you receive from in-network providers.	Unlimited Out-of-Network
	<p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and share of the cost for your Part D prescription drugs.</p>	

UnitedHealthcare Dual Complete[®] (HMO-POS D-SNP)

Benefits		In-Network	Out-of-Network
Inpatient Hospital²		\$0 copay - \$225 copay per stay Our plan covers an unlimited number of days for an inpatient hospital stay.	Not covered
Outpatient Hospital Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC) ²	\$0 copay	Not covered
	Outpatient Hospital, including surgery ²	\$0 copay	Not covered
	Outpatient Hospital Observation Services ²	\$0 copay	Not covered
Doctor Visits	Primary	\$0 copay	Not covered
	Specialists ²	\$0 copay	Not covered
	Virtual Medical Visits	Speak to network telehealth providers using your computer or mobile device. Visit www.amwell.com to access virtual visits or for Novant Health patients that have an active MyChart account visit www.MyNovant.org to use the MyChart app to access virtual visits.	No coverage
	Virtual Mental Health Visits	\$0 copay; Speak to network telehealth providers using your computer or mobile device.	No coverage
Preventive Care	Medicare-covered	\$0 copay	Flu shots: \$0 copay All other services: Not covered

Benefits

		In-Network	Out-of-Network
		<p>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 “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>	
	Routine physical	\$0 copay; 1 per year	Not covered
Emergency Care		<p>\$0 copay - \$90 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 - \$65 copay	

Benefits		In-Network	Out-of-Network
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI) ²	\$0 copay - 20% coinsurance per service	Not covered
	Lab services ²	\$0 copay	Not covered
	Diagnostic tests and procedures ²	\$0 copay - 20% coinsurance	Not covered
	Therapeutic Radiology ²	\$0 copay - 20% coinsurance	Not covered
	Outpatient X-rays ²	\$0 copay - 20% coinsurance	Not covered
Hearing Services	Exam to diagnose and treat hearing and balance issues ²	\$0 copay	Not covered
	Routine hearing exam	\$0 copay; 1 per year	Not covered
	Hearing aid ²	\$3,600 credit for hearing aids, up to 2 hearing aids every 2 years.	Not covered
Routine Dental Services	Preventive	\$0 copay for exams, cleanings, x-rays, and fluoride*	\$0 copay for exams, cleanings, x-rays, and fluoride*
	Comprehensive ²	\$0 copay for comprehensive dental services*	\$0 copay for comprehensive dental services*
	Benefit limit	\$3,500 limit on all covered dental services	

Benefits		In-Network	Out-of-Network
Vision Services	Exam to diagnose and treat diseases and conditions of the eye ²	\$0 copay	Not covered
	Eyewear after cataract surgery	\$0 copay	Not covered
	Routine eye exam	\$0 copay; 1 every year	Not covered
	Eyewear	\$0 copay every 2 years; up to \$300 for frames and contact lenses. Standard (single, bifocal, trifocal, or progressive) lenses are covered in full.	Not covered
Mental Health	Inpatient visit ²	\$0 copay - \$225 copay per stay Our plan covers 90 days for an inpatient hospital stay.	Not covered
	Outpatient group therapy visit ²	\$0 copay	Not covered
	Outpatient individual therapy visit ²	\$0 copay	Not covered
Skilled Nursing Facility (SNF)² (Stay must meet Medicare coverage criteria)		\$0 copay up to: \$0 copay per day: for days 1-20 \$176 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 visit²		\$0 copay	Not covered
Ambulance² Your provider must obtain prior authorization for non-emergency transportation.		\$0 copay - 20% coinsurance for ground \$0 copay - 20% coinsurance for air	20% coinsurance for ground 20% coinsurance for air

Benefits		In-Network	Out-of-Network
Routine Transportation		\$0 copay; 48 one-way trips per year to or from approved locations	Not covered
Medicare Part B Drugs	Chemotherapy drugs ²	\$0 copay - 20% coinsurance	Not covered
Part B Drugs may be subject to Step Therapy. See Evidence of Coverage for details.	Other Part B drugs ²	\$0 copay - 20% coinsurance	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 \$89, 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, \$1.30, \$3.60 copay, or 15% of the total cost
All Other Drugs	\$0, \$3.90, \$8.95 copay, or 15% of the total cost

Additional Benefits		In-Network	Out-of-Network
Chiropractic Care	Manual manipulation of the spine to correct subluxation ²	\$0 copay	Not covered
Diabetes Management	Diabetes monitoring supplies ²	\$0 copay 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.	Not covered
	Diabetes Self-management training	\$0 copay	Not covered
	Therapeutic shoes or inserts ²	\$0 copay - 20% coinsurance	Not covered
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ²	\$0 copay - 20% coinsurance	Not covered
	Prosthetics (e.g., braces, artificial limbs) ²	\$0 copay - 20% coinsurance	Not covered

Additional Benefits		In-Network	Out-of-Network
Fitness program through Renew Active™		Standard membership to participating fitness locations with access to group fitness classes – depending on availability. Programs such as: online brain exercises, activities and an in-person fitness orientation at no cost to you. For the complete details about the program, please visit www.UHCRenewActive.com , and click the link in the footer entitled Terms and Conditions.	
Foot Care (podiatry services)	Foot exams and treatment ²	\$0 copay	Not covered
	Routine foot care	\$0 copay; for each visit up to 4 visits every year	Not covered
Meal Benefit²		\$0 copay; Coverage for at home meal benefit. Restrictions apply. This provider must be used for the in-network and out-of-network benefit.	
Home Health Care²		\$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		Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Occupational Therapy Visit²		\$0 copay	Not covered
Opioid Treatment Services		\$0 copay	Not covered
Outpatient Substance Abuse	Outpatient group therapy visit ²	\$0 copay	Not covered
	Outpatient individual therapy visit ²	\$0 copay	Not covered
Health Products Benefit		\$400 credit per quarter to use on approved health products.	

Additional Benefits	In-Network	Out-of-Network
Personal Emergency Response System	With the Personal Emergency Response System (PERS) help is only a button away. You can have peace of mind knowing that in any emergency situation the PERS in-home monitoring device can get you help quickly, 24 hours a day at no additional cost. The device is a lightweight button that can be worn on your wrist or as a pendant and may automatically detect falls depending on the model chosen. You must have a working landline and/or cellular phone coverage to take part in this benefit.	
Renal Dialysis²	\$0 copay - 20% coinsurance	Not covered out-of-network (except in emergency situations).

Services with a 2 may require your provider to obtain prior authorization from the plan for in-network benefits.

*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 Division of Medical Assistance 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 D-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 Division of Medical Assistance, 1-800-662-7030.

Medicaid may pay your Medicare cost sharing amount, but it will depend on your 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.

Benefits	Medicaid	UnitedHealthcare Dual Complete® (HMO-POS D-SNP)
Additional Dental Services	Covered	Covered
Case Management	Covered	Not Covered
Certified Pediatric and Family Nurse Practitioner services	Covered	Covered
Chiropractic services	Covered	Covered
EPSDT: Early and Periodic Screening Diagnostic and Treatment Services	Covered	Not Covered
Family planning services	Covered	Not Covered
Federally qualified health center services	Covered	Covered
Freestanding Birth Center services (when licensed or otherwise recognized by the state)	Covered	Not Covered
Home health services	Covered	Covered
Hospice	Covered	Covered
Inpatient hospital services	Covered	Covered

Benefits	Medicaid	UnitedHealthcare Dual Complete® (HMO-POS D-SNP)
Laboratory and X-ray services	Covered	Covered
Nurse Midwife services	Covered	Covered
Optometry services	Covered	Covered
Outpatient hospital services	Covered	Covered
Outpatient Rehabilitation	Covered	Covered
Personal Care	Covered	Not Covered
Physician services	Covered	Covered
Podiatry services	Covered	Covered
Prescription Drugs	Covered	Covered
Private duty nursing services	Covered	Not Covered
Prosthetics	Covered	Covered
Rural health clinic services	Covered	Covered
Skilled Nursing Facility	Covered	Covered
State Plan Home and Community Based Services-1915(i)	Not Covered	Not Covered
Tobacco cessation counseling for pregnant women	Covered	Covered
Transportation to medical care	Covered	Covered

Required 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. Enrollment in the plan depends on the plan's contract renewal with Medicare. This plan is available to anyone who has both Medical Assistance from the State and Medicare.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

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.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-814-6894 (TTY : 711)。

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, copayments, and restrictions may apply.

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

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.

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. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

Participation in the Renew Active™ program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership. Equipment, classes, personalized fitness plans, and events may vary by location.

Certain services, classes and events are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in AARP® Staying Sharp and the Fitbit® Community for Renew Active is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area.

The Nurseline service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

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

- ✓ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medicaid or another third party. This premium is normally taken out of your Social Security check each month.
- ✓ Benefits, premiums and/or copays/coinsurance may change on January 1 of each year.
- ✓ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you may pay a higher copay for services received by non-contracted providers.
- ✓ 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.