

Summary of Benefits 2020



Overview of your plan

UnitedHealthcare Dual Complete® (PPO D-SNP)

H2228-046-000

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 **1-844-560-4944**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



www.UHCommunityPlan.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® (PPO D-SNP) is a Medicare Advantage PPO 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.
- ❑ **Qualifying Individual (QI):** Medicaid pays your part B premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. You pay the cost share amounts listed in the chart below. 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:

New Mexico: Bernalillo, Sandoval, Santa Fe, Valencia.

Use network providers and pharmacies.

UnitedHealthcare Dual Complete® (PPO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. With this plan, you have the freedom to see any provider nationwide that accepts Medicare. Plus, you have the flexibility to access a network of local providers. You may pay a higher copay or coinsurance when you see an out-of-network provider. When looking at the following charts you'll see the cost differences for network vs. out-of-network care and services. 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.UHCCCommunityPlan.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® (PPO D-SNP)

Premiums and Benefits	In-Network	Out-of-Network
Monthly Plan Premium	\$21	
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.	\$10,000 annually for Medicare-covered services you receive from any provider.
	<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® (PPO D-SNP)

Benefits		In-Network	Out-of-Network
Inpatient Hospital ²		\$0 copay - \$750 copay per stay	20% coinsurance per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient Hospital Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC) ²	\$0 copay for a diagnostic colonoscopy \$0 copay - 10% coinsurance otherwise	30% coinsurance
	Outpatient Hospital, including surgery ²	\$0 copay for a diagnostic colonoscopy \$0 copay - 10% coinsurance otherwise	30% coinsurance
	Outpatient Hospital Observation Services ²	\$0 copay - 10% coinsurance	30% coinsurance
Doctor Visits	Primary	\$0 copay	30% coinsurance
	Specialists ²	\$0 copay	30% coinsurance
	Virtual Medical Visits	Speak to network telehealth providers using your computer or mobile device. Find participating doctors online at www.amwell.com	No coverage
Preventive Care	Medicare-covered	\$0 copay	\$0 copay - 30% coinsurance (depending on the service)
		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	

Benefits

		In-Network	Out-of-Network
		<p>Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</p> <p>Depression screening</p> <p>Diabetes screenings and monitoring</p> <p>Hepatitis C screening</p> <p>HIV screening</p> <p>Lung cancer with low dose computed tomography (LDCT) screening</p> <p>Medical nutrition therapy services</p> <p>Medicare Diabetes Prevention Program (MDPP)</p> <p>Obesity screenings and counseling</p> <p>Prostate cancer screenings (PSA)</p> <p>Sexually transmitted infections screenings and counseling</p> <p>Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</p> <p>Vaccines, including flu shots, hepatitis B shots, pneumococcal shots</p> <p>“Welcome to Medicare” preventive visit (one-time)</p>	
		<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*	30% coinsurance; 1 per year*
Emergency Care		<p>\$0 copay - \$90 copay (\$0 copay for worldwide coverage) per visit</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>	
Urgently Needed Services		\$0 copay - \$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	30% coinsurance
	Lab services ²	\$0 copay	\$0 copay
	Diagnostic tests and procedures ²	\$0 copay - 20% coinsurance	30% coinsurance
	Therapeutic Radiology ²	\$0 copay - 20% coinsurance	30% coinsurance
	Outpatient X-rays ²	\$0 copay - 20% coinsurance	30% coinsurance
Hearing Services	Exam to diagnose and treat hearing and balance issues ²	\$0 copay	30% coinsurance
	Routine hearing exam	\$0 copay; 1 per year*	30% coinsurance; 1 per year*
	Hearing aid ²	\$2,000 credit for hearing aids, up to 2 hearing aids every 2 years.*	Hearing aids available nationwide through mail order from UnitedHealthcare Hearing.*
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	\$2,000 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	30% coinsurance
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exam	\$0 copay; 1 every year*	30% coinsurance; 1 every year*
	Eyewear	\$0 copay every 2 years; up to \$200 for lenses/frames and contacts*	\$0 copay every 2 years; up to \$200 for lenses/frames and contacts*
Mental Health	Inpatient visit ²	\$0 copay - \$750 copay per stay	20% coinsurance per stay
		Our plan covers 90 days for an inpatient hospital stay.	
	Outpatient group therapy visit ²	\$0 copay	30% coinsurance
	Outpatient individual therapy visit ²	\$0 copay	30% coinsurance
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	15% coinsurance per stay, up to 100 days
		Our plan covers up to 100 days in a SNF.	
Physical therapy and speech and language therapy visit²		\$0 copay	30% coinsurance
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
Routine Transportation		\$0 copay; 36 one-way trips per year to or from approved locations*	75% coinsurance*

Benefits

		In-Network	Out-of-Network
Medicare Part B Drugs	Chemotherapy drugs ²	\$0 copay - 20% coinsurance	20% coinsurance
Part B Drugs may be subject to Step Therapy. See Evidence of Coverage for details.	Other Part B drugs ²	\$0 copay - 20% coinsurance	20% coinsurance

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	30% coinsurance
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.	30% coinsurance
	Diabetes Self-management training	\$0 copay	30% coinsurance
	Therapeutic shoes or inserts ²	\$0 copay - 20% coinsurance	30% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ²	\$0 copay - 20% coinsurance	30% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ²	\$0 copay - 20% coinsurance	30% coinsurance
Fitness program through Renew Active™		Standard membership access to participating fitness locations including an in-person fitness orientation, access to group fitness classes, and online brain exercises— depending on availability or enrollment into a self-directed fitness program if a network location is not convenient, all at no additional cost.	

Additional Benefits		In-Network	Out-of-Network
Foot Care (podiatry services)	Foot exams and treatment ²	\$0 copay	30% coinsurance
	Routine foot care	\$0 copay; for each visit up to 4 visits every year*	30% coinsurance; for each visit up to 4 visits every year*
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	30% coinsurance
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	30% coinsurance
Opioid Treatment Services		\$0 copay - 10% coinsurance	30% coinsurance
Outpatient Substance Abuse	Outpatient group therapy visit ²	\$0 copay	30% coinsurance
	Outpatient individual therapy visit ²	\$0 copay	30% coinsurance
Health Products Benefit		\$230 credit per quarter to use on approved health products.	
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.	

Additional Benefits	In-Network	Out-of-Network
Renal Dialysis²	\$0 copay - 20% coinsurance	20% coinsurance
Solutions for Caregivers	\$0 copay; Help from an experienced care manager who can support you in the care of a loved one, services available 24 hours a day, 7 days a week.	

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 NM Human Services Department 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® (PPO 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 NM Human Services Department, 1-888-997-2583.

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.

Benefits	Medicaid	UnitedHealthcare Dual Complete® (PPO D-SNP)
Additional Dental Services	Covered	Covered
Additional Foot Care	Covered	Covered
Additional Hearing Services	Covered	Covered
Additional Vision Services	Covered	Covered
Ambulance	Covered	Not Covered beyond Original Medicare
Cardiac and Pulmonary Rehabilitation Services	Covered	Covered
Case Management	Covered	Covered
Certain Mental Health Services	Covered	Not Covered
Chemotherapy	Covered	Covered
Chemotherapy Services	Covered	Covered
Child Health Screenings/ Checkups (EPSDT Screening Services)	Covered	Not Covered beyond Original Medicare
Chronic Renal Disease/End Stage Renal Disease (ESRD)	Covered	Covered
Colorectal Cancer Screenings	Covered	Covered

Benefits	Medicaid	UnitedHealthcare Dual Complete® (PPO D-SNP)
Colorectal Screening Exams (for people with Medicare age 50 and older)	Covered	Covered
Dental Title 19 Adults Ages 21 and Over	Covered	Covered
Dental Services	Covered	Covered
Depression Screening	Covered	Covered
Dermatology (Skin) Services	Covered	Covered
Diabetes Supplies and Services	Covered	Covered
Diagnostic Tests Lab and Radiology Services and X-Rays	Covered	Covered
Directly Observed Therapy for Tuberculosis (TB) Disease	Covered	Covered
Doctor Office Visits	Covered	Covered
Durable Medical Equipment	Covered	Covered
Electroconvulsive Therapy (ECT)	Covered	Covered
Emergency Care	Covered	Covered
Family Planning	Covered	Not Covered
Family Psychotherapy	Covered	Covered
Federally qualified health center services	Covered	Covered
Federally Qualified Health Centers (FQHCs)	Covered	Covered
Flu Shots	Covered	Covered
Foot Care	Covered	Covered
Functional Family Therapy (FFT) (under age 21)	Covered	Covered
Glaucoma Tests	Covered	Covered
HCBS Waiver - Assistive Technology	Covered	Not Covered

Benefits	Medicaid	UnitedHealthcare Dual Complete® (PPO D-SNP)
HCBS Waiver - Attendant Care - Provider or Self Directed	Covered	Not Covered
HCBS Waiver - Comprehensive Support - Provider Directed or Self-Directed	Covered	Not Covered
HCBS Waiver - Custodial / Residential Care	Covered	Not Covered
HCBS Waiver - Home Telehealth	Covered	Not Covered
HCBS Waiver - Intermittent Intensive Medical Care - IIMC	Covered	Not Covered
HCBS Waiver - Long Term Community Care Attendant Provider or Self Directed	Covered	Not Covered
HCBS Waiver - Medical Respite	Covered	Not Covered
HCBS Waiver - Specialized Medical Care	Covered	Not Covered
HCBS Waiver - Transitional Living Skills	Covered	Not Covered
Health Risk Assessment & Wellness Screenings	Covered	Covered
Hearing Aids	Covered	Covered
Hearing Services	Covered	Covered
Hepatitis B Shots	Covered	Covered
HIV Screening	Covered	Covered
HIV Testing and Counseling	Covered	Covered
HIV/AIDS Testing & Treatment	Covered	Covered
Home and Community-Based Services (HCBS)	Covered	Not Covered
Home Care Services	Covered	Not Covered
Home Health Care	Covered	Covered

Benefits	Medicaid	UnitedHealthcare Dual Complete® (PPO D-SNP)
Hospice	Covered	Covered
Hospital Behavioral Health Inpatient (BH)	Covered	Covered
Human Papillomavirus	Covered	Covered
Hysterectomy	Covered	Covered
Immunization for 19 and 20	Covered	Covered
Immunization over 21	Covered	Covered
Immunizations	Covered	Covered
Immunizations (Pneumonia vaccine & Flu vaccine and Hepatitis B vaccine - for people with Medicare who are at risk)	Covered	Covered
Infusion Therapy	Covered	Covered
Injectable Drugs	Covered	Covered
Inpatient Hospital Care	Covered	Covered
Inpatient Mental Health Care	Covered	Covered
Inpatient Psychiatric Services	Covered	Covered
Inpatient Psychiatric Services (Under 21)	Covered	Covered
Intensive Care Coordination/Case Management	Covered	Covered
Intermediate Care Facilities	Covered	Covered
Long-Term Care / Nursing Facility Services	Covered	Not Covered
Macular Degeneration	Covered	Covered
Mammogram	Covered	Covered
Mammograms (Annual Screening) (for women with Medicare age 40 and older)	Covered	Covered
Mastectomy	Covered	Covered

Benefits	Medicaid	UnitedHealthcare Dual Complete® (PPO D-SNP)
Maternity Care	Covered	Covered
Medical Records Transfer	Covered	Covered
Mental Health Care	Covered	Covered
Methadone Maintenance Treatment Programs (MMTP)	Covered	Not Covered
Midwife Services (Certified Nurse Midwife)	Covered	Covered
Newborn	Covered	Covered
Newborn Services	Covered	Covered
OB/GYN Exams	Covered	Covered
Obesity Surgery	Covered	Covered
Ostomy Supplies	Covered	Covered
Outpatient hospital services	Covered	Covered
Oxygen Therapy	Covered	Covered
Pain Management	Covered	Covered
Pap Smears and Pelvic Exams (for women with Medicare)	Covered	Covered
Pediatric Day Health Care (PDHC)	Covered	Covered
Peer Support Services	Covered	Not Covered
Personal Care Services	Covered	Not Covered
Personal Emergency Response Services (PERS)	Covered	Covered
Pharmacologic Management (all ages)	Covered	Covered
Physical Occupational and Speech Therapy	Covered	Covered
Pneumococcal Shot	Covered	Covered
Pre/post natal care	Covered	Covered
Pregnancy-Related Services	Covered	Covered

Benefits	Medicaid	UnitedHealthcare Dual Complete® (PPO D-SNP)
Prenatal and Postpartum Care	Covered	Covered
Prenatal Care Services	Covered	Covered
Prescription Drug Benefits	Covered	Covered
Preventive Care	Covered	Covered
Private Duty Nursing	Covered	Covered
Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	Covered	Covered
Prostate Cancer Screenings	Covered	Covered
Prosthetic Devices	Covered	Covered
Psychological Testing	Covered	Covered
Psychosocial Rehabilitation	Covered	Covered
Psychosocial Rehabilitation (PSR)	Covered	Covered
Radiation Therapy	Covered	Covered
Radiology and Medical Imaging	Covered	Covered
Reconstructive Surgery	Covered	Covered
Rehabilitation Services Provided to Residents of OMH Licensed Community Residences (CRs) and Family Based Treatment Programs	Covered	Not Covered
Renal Dialysis	Covered	Covered
Residential Substance Use Services in Accordance With the American Society of Addiction Medicine (ASAM) Levels of Care	Covered	Covered
Respiratory Therapy	Covered	Covered
Respite Services	Covered	Not Covered
Rural Health Clinics	Covered	Covered

Benefits	Medicaid	UnitedHealthcare Dual Complete® (PPO D-SNP)
Screening Diagnosis and Treatment of Sexually Transmitted Diseases	Covered	Covered
Services Provided by Mid-Level Practitioners	Covered	Covered
Sexually Transmitted Infections Screening & Counseling	Covered	Covered
Skilled Nursing Facility (SNF)	Covered	Covered
Smoking Cessation Products and Programs	Covered	Covered
Specialty Drugs - Injectable	Covered	Covered
Specialty Physicians Services	Covered	Covered
Sterilization Request 21 and over (Tubal Ligation)	Covered	Covered
Surgical Dressing Services	Covered	Covered
Telehealth	Covered	Covered
Therapeutic Group Homes (TGH) (under age 21)	Covered	Covered
TMJ (Temporomandibular Joint)	Covered	Covered
Transplants	Covered	Covered
Transportation (Routine)	Covered	Covered
Urgent Care	Covered	Covered
Urgently Needed Services	Covered	Covered
Vasectomy	Covered	Covered
Vision Services	Covered	Covered
Welcome to Medicare; and Annual Wellness Visit	Covered	Covered

Benefits	Medicaid	UnitedHealthcare Dual Complete® (PPO D-SNP)
Well baby well child visits and immunizations	Covered	Covered
Women's Health Services	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.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare 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.

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.
- ✓ 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.
- ✓ 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.