

# Summary of Benefits 2020



## Overview of your plan

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

H5008-009-000

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.UHCCommunityPlan.com](http://www.UHCCommunityPlan.com)**



# Summary of Benefits

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## 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](http://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® LP (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.
- 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:** Chaves, Cibola, Colfax, Curry, Otero, Quay, Rio Arriba, Roosevelt, San Juan, San Miguel, Socorro, Taos, Torrance.

### **Use network providers and pharmacies.**

UnitedHealthcare Dual Complete<sup>®</sup> LP (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. Out-of-network services are limited to the plan's service area as described on the cover. If you have any questions, please contact customer service. 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](http://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® LP (HMO-POS D-SNP)

Premiums and Benefits	In-Network	Out-of-Network
Monthly Plan Premium	\$12.70	
Annual Medical Deductible	<p>You pay the Original Medicare Part B deductible amount combined in and out-of-network for 2020. The 2020 Medicare Deductible amount is \$198.</p> <hr/> <p>The deductible applies only to the following Medicare-covered benefit categories:</p> <ul style="list-style-type: none"> <li>Outpatient Hospital - Ambulatory Surgical Center (ASC) (in-network)</li> <li>Outpatient Hospital - Outpatient Hospital, including surgery(in-network)</li> <li>Outpatient Hospital Observation Services (in-network)</li> <li>Doctor Visits - Primary (in-network)</li> <li>Doctor Visits - Specialist (in-network)</li> <li>Doctor Visits - Virtual Medical Visits</li> <li>Diagnostic Tests, Lab and Radiology Services, and X-Rays – Diagnostic radiology services (e.g. MRI) (in-network)</li> <li>Diagnostic Tests, Lab and Radiology Services, and X-Rays - Lab services (in-network)</li> <li>Diagnostic Tests, Lab and Radiology Services, and X-Rays - Diagnostic tests and procedures (in-network)</li> <li>Diagnostic Tests, Lab and Radiology Services, and X-Rays – Therapeutic Radiology (in-network)</li> <li>Diagnostic Tests, Lab and Radiology Services, and X-Rays - Outpatient X-rays (in-network)</li> <li>Hearing Services - Exam to diagnose and treat hearing and balance issues (in-network)</li> <li>Vision Services - Exam to diagnose and treat diseases and conditions of the eye (in-network)</li> <li>Vision Services - Eyewear after cataract surgery (in-network)</li> <li>Mental Health - Outpatient group therapy visit</li> <li>Mental Health - Outpatient individual therapy visit</li> <li>Physical therapy and speech and language therapy visit (in-network)</li> <li>Ambulance for ground</li> <li>Ambulance for air</li> <li>Medicare Part B Drugs - Chemotherapy drugs (in-network)</li> <li>Medicare Part B Drugs - Other Part B drugs (in-network)</li> </ul>	

## Premiums and Benefits

	In-Network	Out-of-Network
	<p>Chiropractic Care - Manual manipulation of the spine to correct subluxation (in-network)</p> <p>Diabetes Management - Diabetes monitoring supplies (in-network)</p> <p>Diabetes Management - Therapeutic shoes or inserts (in-network)</p> <p>Durable Medical Equipment (DME) and Related Supplies - Durable Medical Equipment (e.g. wheelchairs, oxygen) (in-network)</p> <p>Durable Medical Equipment (DME) and Related Supplies - Prosthetics (e.g., braces, artificial limbs) (in-network)</p> <p>Foot Care (podiatry services) - Foot exams and treatment (in-network)</p> <p>Occupational Therapy Visit (in-network)</p> <p>Opioid Treatment Services (in-network)</p> <p>Outpatient Substance Abuse - Outpatient group therapy visit</p> <p>Outpatient Substance Abuse - Outpatient individual therapy visit</p> <p>Renal Dialysis (in-network)</p>	
<p><b>Maximum Out-of-Pocket Amount (does not include prescription drugs)</b></p>	<p>\$6,700 annually for Medicare-covered services you receive from in-network providers.</p>	<p>Unlimited Out-of-Network</p>
	<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® LP (HMO-POS D-SNP)

Benefits		In-Network	Out-of-Network
<b>Inpatient Hospital<sup>2</sup></b>		\$0 copay up to: \$1,408 deductible for days 1 to 60; \$352 copay each day for days 61 to 90; \$0 copay per day for unlimited days after that. Our plan covers an unlimited number of days for an inpatient hospital stay.	Not covered
<b>Outpatient Hospital</b>  Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC) <sup>2</sup>	\$0 copay for a diagnostic colonoscopy \$0 copay - 20% coinsurance otherwise	Not covered
	Outpatient Hospital, including surgery <sup>2</sup>	\$0 copay for a diagnostic colonoscopy \$0 copay - 20% coinsurance otherwise	Not covered
	Outpatient Hospital Observation Services <sup>2</sup>	\$0 copay - 20% coinsurance	Not covered
<b>Doctor Visits</b>	Primary	\$0 copay - 20% coinsurance	Not covered
	Specialists <sup>2</sup>	\$0 copay - 20% coinsurance	Not covered
	Virtual Medical Visits	Speak to network telehealth providers using your computer or mobile device. Find participating doctors online at <a href="http://www.amwell.com">www.amwell.com</a>	No coverage
<b>Preventive Care</b>	Medicare-covered	\$0 copay	Flu shots: \$0 copay All other services: Not covered
		Abdominal aortic aneurysm screening	

## Benefits

		In-Network	Out-of-Network
		<p>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
<b>Emergency Care</b>		<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>	
<b>Urgently Needed Services</b>		\$0 copay - \$65 copay	

<b>Benefits</b>		<b>In-Network</b>	<b>Out-of-Network</b>
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b>	Diagnostic radiology services (e.g. MRI) <sup>2</sup>	\$0 copay - 20% coinsurance per service	Not covered
	Lab services <sup>2</sup>	\$0 copay	Not covered
	Diagnostic tests and procedures <sup>2</sup>	\$0 copay - 20% coinsurance	Not covered
	Therapeutic Radiology <sup>2</sup>	\$0 copay - 20% coinsurance	Not covered
	Outpatient X-rays <sup>2</sup>	\$0 copay - 20% coinsurance	Not covered
<b>Hearing Services</b>	Exam to diagnose and treat hearing and balance issues <sup>2</sup>	\$0 copay - 20% coinsurance	Not covered
	Routine hearing exam	\$0 copay; 1 per year	Not covered
	Hearing aid <sup>2</sup>	\$2,000 credit for hearing aids, up to 2 hearing aids every 2 years.	Not covered
<b>Routine Dental Services</b>	Preventive	\$0 copay for exams, cleanings, x-rays, and fluoride	Not covered
	Comprehensive <sup>2</sup>	\$0 copay for comprehensive dental services	Not covered
	Benefit limit	\$2,000 limit on all covered dental services	
<b>Vision Services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>2</sup>	\$0 copay - 20% coinsurance	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 \$200 for lenses/frames and contacts	Not covered



<b>Benefits</b>		<b>In-Network</b>	<b>Out-of-Network</b>
<b>Mental Health</b>	Inpatient visit <sup>2</sup>	\$0 copay up to: \$1,408 deductible for days 1 to 60; \$352 copay each day for days 61 to 90; \$704 copay each day for days 91 to 150 (lifetime reserve days) Our plan covers 90 days for an inpatient hospital stay.	Not covered
	Outpatient group therapy visit <sup>2</sup>	\$0 copay - 20% coinsurance	40% coinsurance
	Outpatient individual therapy visit <sup>2</sup>	\$0 copay - 20% coinsurance	40% coinsurance
<b>Skilled Nursing Facility (SNF)<sup>2</sup> (Stay must meet Medicare coverage criteria)</b>		\$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
<b>Physical therapy and speech and language therapy visit<sup>2</sup></b>		\$0 copay - 20% coinsurance	Not covered
<b>Ambulance<sup>2</sup></b>  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
<b>Routine Transportation</b>		\$0 copay; 36 one-way trips per year to or from approved locations	Not covered

## Benefits

		In-Network	Out-of-Network
<b>Medicare Part B Drugs</b>	Chemotherapy drugs <sup>2</sup>	\$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 <sup>2</sup>	\$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:

<b>Annual Prescription Deductible</b>	Your deductible amount is either \$0 or \$89, depending on the level of "Extra Help" you receive.
<b>30-day or 90-day supply from retail network pharmacy</b>	
<b>Generic (including brand drugs treated as generic)</b>	\$0, \$1.30, \$3.60 copay, or 15% of the total cost
<b>All Other Drugs</b>	\$0, \$3.90, \$8.95 copay, or 15% of the total cost

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

Additional Benefits		In-Network	Out-of-Network
<b>Fitness program through Renew Active™</b>		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 <a href="http://www.UHCRenewActive.com">www.UHCRenewActive.com</a> , and click the link in the footer entitled Terms and Conditions.	
<b>Foot Care (podiatry services)</b>	Foot exams and treatment <sup>2</sup>	\$0 copay - 20% coinsurance	Not covered
	Routine foot care	\$0 copay; for each visit up to 4 visits every year	Not covered
<b>Meal Benefit<sup>2</sup></b>		\$0 copay; Coverage for at home meal benefit. Restrictions apply. This provider must be used for the in-network and out-of-network benefit.	
<b>Home Health Care<sup>2</sup></b>		\$0 copay	Not covered
<b>Hospice</b>		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.	
<b>NurseLine</b>		Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
<b>Occupational Therapy Visit<sup>2</sup></b>		\$0 copay - 20% coinsurance	Not covered
<b>Opioid Treatment Services</b>		\$0 copay - 20% coinsurance	Not covered
<b>Outpatient Substance Abuse</b>	Outpatient group therapy visit <sup>2</sup>	\$0 copay - 20% coinsurance	40% coinsurance
	Outpatient individual therapy visit <sup>2</sup>	\$0 copay - 20% coinsurance	40% coinsurance
<b>Health Products Benefit</b>		\$200 credit per quarter to use on approved health products.	

Additional Benefits	In-Network	Out-of-Network
<b>Personal Emergency Response System</b>	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.	
<b>Renal Dialysis<sup>2</sup></b>	\$0 copay - 20% coinsurance	Not covered out-of-network (except in emergency situations).
<b>Solutions for Caregivers</b>	\$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.**

## 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® LP (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 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® LP (HMO-POS 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
Bone Mass Measurement (for people with Medicare who are at risk)	Covered	Covered
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
Chiropractic Care	Not Covered	Covered

<b>Benefits</b>	<b>Medicaid</b>	<b>UnitedHealthcare Dual Complete® LP (HMO-POS D-SNP)</b>
<b>Chronic Renal Disease/End Stage Renal Disease (ESRD)</b>	Covered	Covered
<b>Colorectal Cancer Screenings</b>	Covered	Covered
<b>Colorectal Screening Exams (for people with Medicare age 50 and older)</b>	Covered	Covered
<b>Dental Title 19 Adults Ages 21 and Over</b>	Covered	Covered
<b>Dental Services</b>	Covered	Covered
<b>Depression Screening</b>	Covered	Covered
<b>Dermatology (Skin) Services</b>	Covered	Covered
<b>Diabetes Supplies and Services</b>	Covered	Covered
<b>Diagnostic Tests Lab and Radiology Services and X-Rays</b>	Covered	Covered
<b>Directly Observed Therapy for Tuberculosis (TB) Disease</b>	Covered	Covered
<b>Doctor Office Visits</b>	Covered	Covered
<b>Durable Medical Equipment</b>	Covered	Covered
<b>Electroconvulsive Therapy (ECT)</b>	Covered	Covered
<b>Emergency Care</b>	Covered	Covered
<b>Family Planning</b>	Covered	Not Covered
<b>Family Psychotherapy</b>	Covered	Covered
<b>Federally qualified health center services</b>	Covered	Covered
<b>Federally Qualified Health Centers (FQHCs)</b>	Covered	Covered
<b>Flu Shots</b>	Covered	Covered
<b>Foot Care</b>	Covered	Covered
<b>Functional Family Therapy (FFT) (under age 21)</b>	Covered	Covered



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

<b>Benefits</b>	<b>Medicaid</b>	<b>UnitedHealthcare Dual Complete® LP (HMO-POS D-SNP)</b>
<b>Home and Community-Based Services (HCBS)</b>	Covered	Not Covered
<b>Home Care Services</b>	Covered	Not Covered
<b>Home Health Care</b>	Covered	Covered
<b>Hospice</b>	Covered	Covered
<b>Hospital Behavioral Health Inpatient (BH)</b>	Covered	Covered
<b>Human Papillomavirus</b>	Covered	Covered
<b>Hysterectomy</b>	Covered	Covered
<b>Immunization for 19 and 20</b>	Covered	Covered
<b>Immunization over 21</b>	Covered	Covered
<b>Immunizations</b>	Covered	Covered
<b>Immunizations (Pneumonia vaccine &amp; Flu vaccine and Hepatitis B vaccine - for people with Medicare who are at risk)</b>	Covered	Covered
<b>Infusion Therapy</b>	Covered	Covered
<b>Injectable Drugs</b>	Covered	Covered
<b>Inpatient Hospital Care</b>	Covered	Covered
<b>Inpatient Mental Health Care</b>	Covered	Covered
<b>Inpatient Psychiatric Services</b>	Covered	Covered
<b>Inpatient Psychiatric Services (Under 21)</b>	Covered	Covered
<b>Intensive Care Coordination/Case Management</b>	Covered	Covered
<b>Intermediate Care Facilities</b>	Covered	Covered
<b>Long-Term Care / Nursing Facility Services</b>	Covered	Not Covered
<b>Macular Degeneration</b>	Covered	Covered
<b>Mammogram</b>	Covered	Covered

<b>Benefits</b>	<b>Medicaid</b>	<b>UnitedHealthcare Dual Complete® LP (HMO-POS D-SNP)</b>
<b>Mammograms (Annual Screening) (for women with Medicare age 40 and older)</b>	Covered	Covered
<b>Mastectomy</b>	Covered	Covered
<b>Maternity Care</b>	Covered	Covered
<b>Medical Records Transfer</b>	Covered	Covered
<b>Mental Health Care</b>	Covered	Covered
<b>Methadone Maintenance Treatment Programs (MMTP)</b>	Covered	Not Covered
<b>Midwife Services (Certified Nurse Midwife)</b>	Covered	Covered
<b>Neuro-Psychological Testing (Not Psychiatrist)</b>	Covered	Covered
<b>Newborn</b>	Covered	Covered
<b>Newborn Services</b>	Covered	Covered
<b>OB/GYN Exams</b>	Covered	Covered
<b>Obesity Surgery</b>	Covered	Covered
<b>Ostomy Supplies</b>	Covered	Covered
<b>Outpatient hospital services</b>	Covered	Covered
<b>Over-the-Counter Items</b>	Not Covered	Covered
<b>Oxygen Therapy</b>	Covered	Covered
<b>Pain Management</b>	Covered	Covered
<b>Pap Smears and Pelvic Exams (for women with Medicare)</b>	Covered	Covered
<b>Pediatric Day Health Care (PDHC)</b>	Covered	Covered
<b>Peer Support Services</b>	Covered	Not Covered
<b>Personal Care Services</b>	Covered	Not Covered
<b>Personal Emergency Response Services (PERS)</b>	Covered	Not Covered
<b>Pharmacologic Management (all ages)</b>	Covered	Covered

<b>Benefits</b>	<b>Medicaid</b>	<b>UnitedHealthcare Dual Complete® LP (HMO-POS D-SNP)</b>
<b>Physical Occupational and Speech Therapy</b>	Covered	Covered
<b>Pneumococcal Shot</b>	Covered	Covered
<b>Pre/post natal care</b>	Covered	Covered
<b>Pregnancy Testing</b>	Not Covered	Not covered
<b>Pregnancy-Related Services</b>	Covered	Covered
<b>Prenatal and Postpartum Care</b>	Covered	Covered
<b>Prenatal Care Services</b>	Covered	Covered
<b>Prescription Drug Benefits</b>	Covered	Covered
<b>Preventive Care</b>	Covered	Covered
<b>Private Duty Nursing</b>	Covered	Covered
<b>Prostate Cancer Screening Exams (for men with Medicare age 50 and older)</b>	Covered	Covered
<b>Prostate Cancer Screenings</b>	Covered	Covered
<b>Prosthetic Devices</b>	Covered	Covered
<b>Psychiatric Residential Treatment Facilities (PRTF) (under age 21)</b>	Covered	Covered
<b>Psychological Testing</b>	Covered	Covered
<b>Psychosocial Rehabilitation</b>	Covered	Covered
<b>Psychosocial Rehabilitation (PSR)</b>	Covered	Covered
<b>Radiation Therapy</b>	Covered	Covered
<b>Radiology and Medical Imaging</b>	Covered	Covered
<b>Reconstructive Surgery</b>	Covered	Covered

<b>Benefits</b>	<b>Medicaid</b>	<b>UnitedHealthcare Dual Complete<sup>®</sup> LP (HMO-POS D-SNP)</b>
<b>Rehabilitation Services Provided to Residents of OMH Licensed Community Residences (CRs) and Family Based Treatment Programs</b>	Covered	Not Covered
<b>Renal Dialysis</b>	Covered	Covered
<b>Residential Substance Use Services in Accordance With the American Society of Addiction Medicine (ASAM) Levels of Care</b>	Covered	Covered
<b>Respiratory Therapy</b>	Covered	Covered
<b>Respite Services</b>	Covered	Not Covered
<b>Rural Health Clinics</b>	Covered	Covered
<b>Screening Diagnosis and Treatment of Sexually Transmitted Diseases</b>	Covered	Covered
<b>Services Provided by Mid-Level Practitioners</b>	Covered	Covered
<b>Sexually Transmitted Infections Screening &amp; Counseling</b>	Covered	Covered
<b>Skilled Nursing Facility (SNF)</b>	Covered	Covered
<b>Smoking Cessation Products and Programs</b>	Covered	Covered
<b>Specialty Drugs - Injectable</b>	Covered	Covered
<b>Specialty Physicians Services</b>	Covered	Covered
<b>Sterilization Request 21 and over (Tubal Ligation)</b>	Covered	Covered
<b>Surgical Dressing Services</b>	Covered	Covered
<b>Telehealth</b>	Covered	Covered

<b>Benefits</b>	<b>Medicaid</b>	<b>UnitedHealthcare Dual Complete® LP (HMO-POS D-SNP)</b>
<b>Therapeutic Group Homes (TGH) (under age 21)</b>	Covered	Covered
<b>TMJ (Temporomandibular Joint)</b>	Covered	Covered
<b>Transplants</b>	Covered	Covered
<b>Transportation (Routine)</b>	Covered	Covered
<b>Urgent Care</b>	Covered	Covered
<b>Urgently Needed Services</b>	Covered	Covered
<b>Vasectomy</b>	Covered	Covered
<b>Vision Services</b>	Covered	Covered
<b>Welcome to Medicare; and Annual Wellness Visit</b>	Covered	Covered
<b>Well baby well child visits &amp; immunizations</b>	Covered	Covered
<b>Women's Health Services</b>	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

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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.