

# Summary of Benefits 2020



## Overview of your plan

UnitedHealthcare Dual Complete® Focus (HMO D-SNP)

H4527-015-000

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® Focus (HMO D-SNP) is a Medicare Advantage HMO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed 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, and don't pay anything for covered medical services. How much Medicaid covers depends on your income, resources and other factors. Some people get full Medicaid benefits.

Your eligibility to enroll in this plan depends on your type of Medicaid.

You can enroll in this plan if you are in one of these Medicaid categories:

- Qualified Medicare Beneficiary Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance and copayment amounts. 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.
- 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.

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:

**Texas:** Cameron, Hidalgo, Willacy.

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

UnitedHealthcare Dual Complete<sup>®</sup> Focus (HMO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. This health plan requires you to select a primary care provider (PCP) from the network. Your PCP can handle most routine health care needs and will be responsible to coordinate your care. If you need to see a network specialist or other network provider, you may need to get a referral from your PCP. We encourage you to find out which specialists and hospitals your primary care provider would recommend for you and would refer you to for care, prior to selecting them as your plan's PCP. If you use providers or pharmacies that are not in our network, the plan may not pay for those services or drugs, or you may pay more than you pay at 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<sup>®</sup> Focus (HMO D-SNP)

Premiums and Benefits	In-Network
<b>Monthly Plan Premium</b>	There is no monthly premium for this plan.
<b>Annual Medical Deductible</b>	This plan does not have a deductible.
<b>Maximum Out-of-Pocket Amount (does not include prescription drugs)</b>	\$0 annually for Medicare-covered services from in-network providers.

# UnitedHealthcare Dual Complete® Focus (HMO D-SNP)

Benefits		In-Network
Inpatient Hospital <sup>1,2</sup>		<p>\$0 copay per stay</p> <hr/> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p>
Outpatient Hospital	Ambulatory Surgical Center (ASC) <sup>1,2</sup>	\$0 copay
	Outpatient Hospital, including surgery <sup>1,2</sup>	\$0 copay
	Outpatient Hospital Observation Services <sup>1,2</sup>	\$0 copay
Doctor Visits	Primary	\$0 copay
	Specialists <sup>1,2</sup>	\$0 copay
	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>
	Virtual Mental Health Visits	\$0 copay; Speak to network telehealth providers using your computer or mobile device.
Preventive Care	Medicare-covered	\$0 copay
		<p>Abdominal aortic aneurysm screening</p> <p>Alcohol misuse counseling</p> <p>Annual “Wellness” visit</p> <p>Bone mass measurement</p> <p>Breast cancer screening (mammogram)</p> <p>Cardiovascular disease (behavioral therapy)</p> <p>Cardiovascular screening</p> <p>Cervical and vaginal cancer screening</p> <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>

## Benefits

## In-Network

		<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
<b>Emergency Care</b>		<p>\$0 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>
<b>Urgently Needed Services</b>		\$0 copay
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b>	Diagnostic radiology services (e.g. MRI) <sup>1,2</sup>	\$0 copay per service
	Lab services <sup>1,2</sup>	\$0 copay
	Diagnostic tests and procedures <sup>1,2</sup>	\$0 copay
	Therapeutic Radiology <sup>1,2</sup>	\$0 copay per service
	Outpatient X-rays <sup>1,2</sup>	\$0 copay per service

Benefits		In-Network
<b>Hearing Services</b>	Exam to diagnose and treat hearing and balance issues <sup>1,2</sup>	\$0 copay
	Routine hearing exam	\$0 copay; 1 per year
	Hearing aid <sup>2</sup>	\$2,000 credit for hearing aids, up to 2 hearing aids every 2 years.
<b>Routine Dental Services</b>	Preventive	\$0 copay for exams, cleanings, x-rays, and fluoride
	Comprehensive <sup>2</sup>	\$0 copay for comprehensive dental services
	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>1,2</sup>	\$0 copay
	Eyewear after cataract surgery <sup>1</sup>	\$0 copay
	Routine eye exam	\$0 copay; 1 every year
	Eyewear	\$0 copay every 2 years; up to \$250 for lenses/frames and contacts
<b>Mental Health</b>	Inpatient visit <sup>1,2</sup>	\$0 copay per stay
		Our plan covers 90 days for an inpatient hospital stay.
	Outpatient group therapy visit <sup>1,2</sup>	\$0 copay
	Outpatient individual therapy visit <sup>1,2</sup>	\$0 copay
<b>Skilled Nursing Facility (SNF)<sup>1,2</sup></b>		\$0 copay per day: for days 1-100
		Our plan covers up to 100 days in a SNF.
<b>Physical therapy and speech and language therapy visit<sup>1,2</sup></b>		\$0 copay

## Benefits

## In-Network

### Ambulance<sup>1,2</sup>

Your provider must obtain prior authorization for non-emergency transportation. Referral is required for non-emergency transportation.

\$0 copay for ground  
\$0 copay for air

### Routine Transportation

\$0 copay; 60 one-way trips per year to or from approved locations

### Medicare Part B Drugs

Part B Drugs may be subject to Step Therapy. See Evidence of Coverage for details.

Chemotherapy drugs<sup>2</sup>

\$0 copay

Other Part B drugs<sup>2</sup>

\$0 copay



## Prescription Drugs

If you don't qualify for Low-Income Subsidy (LIS), you pay the Medicare Part D cost share outlined in the Evidence of Coverage. If you do qualify for Low-Income Subsidy (LIS) you pay:

<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 100-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
<b>Chiropractic Care</b>	Manual manipulation of the spine to correct subluxation <sup>1,2</sup>	\$0 copay
<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.
	Diabetes Self-management training	\$0 copay
	Therapeutic shoes or inserts <sup>2</sup>	\$0 copay
<b>Durable Medical Equipment (DME) and Related Supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen) <sup>2</sup>	\$0 copay
	Prosthetics (e.g., braces, artificial limbs) <sup>2</sup>	\$0 copay
<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>1,2</sup>	\$0 copay
<b>Meal Benefit<sup>2</sup></b>		\$0 copay; Coverage for at home meal benefit. Restrictions apply.
<b>Home Health Care<sup>1,2</sup></b>		\$0 copay

<b>Additional Benefits</b>		<b>In-Network</b>
<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>1,2</sup></b>		\$0 copay
<b>Opioid Treatment Services</b>		\$0 copay
<b>Outpatient Substance Abuse</b>	Outpatient group therapy visit <sup>1,2</sup>	\$0 copay
	Outpatient individual therapy visit <sup>1,2</sup>	\$0 copay
<b>Health Products Benefit Card</b>		\$350 credit per quarter to use on approved health products
<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>1,2</sup></b>		\$0 copay
<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 1 may require a referral from your doctor.**

**Services with a 2 may require your provider to obtain prior authorization from the plan.**

## 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 Texas Medicaid Health and Human Services Commission 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® Focus (HMO 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 Texas Medicaid Health and Human Services Commission, 1-512-424-6500.

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® Focus (HMO D-SNP)
<b>Inpatient Hospital Care</b>	Covered	Covered
<b>Outpatient Hospital</b>	Covered	Covered
<b>Doctor Office Visits</b>	Covered	Covered
<b>Preventive Care</b>	Covered	Covered
<b>Emergency Care</b>	Covered	Covered
<b>Urgently Needed Services</b>	Covered	Covered
<b>Diagnostic Tests Lab and Radiology Services and X-Rays</b>	Covered	Covered
<b>Hearing Services</b>	Covered	Covered
<b>Additional Hearing Services</b>	Not Covered	Covered
<b>Dental Services</b>	Covered	Covered
<b>Additional Dental Services</b>	Not Covered	Covered
<b>Vision Services</b>	Covered	Covered
<b>Additional Vision Services</b>	Not Covered	Covered
<b>Mental Health Care</b>	Covered	Covered
<b>Skilled Nursing Facility (SNF)</b>	Covered	Covered

<b>Benefits</b>	<b>Medicaid</b>	<b>UnitedHealthcare Dual Complete® Focus (HMO D-SNP)</b>
<b>Ambulance</b>	Covered	Covered
<b>Transportation (Routine)</b>	Covered	Covered
<b>Prescription Drug Benefits</b>	Covered	Covered
<b>Chiropractic Care</b>	Covered	Covered
<b>Diabetes Supplies and Services</b>	Covered	Covered
<b>Durable Medical Equipment</b>	Covered	Covered
<b>Foot Care</b>	Covered	Covered
<b>Home Health Care</b>	Covered	Covered
<b>Hospice</b>	Covered	Covered
<b>Renal Dialysis</b>	Covered	Covered
<b>Home and Community-Based Services (HCBS)</b>	Covered	Not Covered
<b>Inpatient Mental Health Care</b>	Covered	Covered
<b>Prosthetic Devices</b>	Covered	Covered
<b>TX Medicaid only (full Medicaid members only) Community Living Assistance and Support Services (CLASS) Waiver</b>	Covered	Not Covered
<b>TX Medicaid only (full Medicaid members only) Consolidated Waiver Program (CWP)-Bexar County/San Antonio Only</b>	Covered	Not Covered
<b>TX Medicaid only (full Medicaid members only) Deaf Blind with Multiple Disabilities Waiver (DB-MD)</b>	Covered	Not Covered
<b>TX Medicaid only (full Medicaid members only) Medically Dependent Children Program (MDCP)</b>	Covered	Not Covered
<b>TX Medicaid only (full Medicaid members only) STAR + PLUS Waiver</b>	Covered	Not Covered

<b>Benefits</b>	<b>Medicaid</b>	<b>UnitedHealthcare Dual Complete® Focus (HMO D-SNP)</b>
<b>TX Medicaid only (full Medicaid members only) Telemedicine Services</b>	Covered	Not Covered
<b>TX Medicaid only (full Medicaid members only) Texas Home Living Waiver (TxHmL)</b>	Covered	Not 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 100 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.
- ✓ 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.