

# Annual Notice of Changes 2021

Medicare Advantage Plan  
with Prescription Drugs

UnitedHealthcare Dual Complete® (PPO D-SNP)



Toll-free **1-866-480-1086**, TTY **711**

8 a.m. - 8 p.m. local time, 7 days a week



**[www.myUHC Medicare.com](http://www.myUHC Medicare.com)**

**Do we have the right address for you?**

If not, please let us know so we can keep you informed about your plan.



## Find updates to your plan for next year

This notice provides information about updates to your plan, but it doesn't include all of the details. Throughout this notice you will be directed to [www.myUHC Medicare.com](http://www.myUHC Medicare.com) to review the details online. All of the below documents will be available online by **October 15, 2020**.

### Provider Directory

Review the 2021 Provider Directory online to make sure your providers (primary care provider, specialists, hospitals, etc.) will be in the network next year.

---

### Pharmacy Directory

Review the 2021 Pharmacy Directory online to see which pharmacies are in our network next year.

---

### Drug List (Formulary)

You can look up which drugs will be covered by your plan next year and review any new restrictions on our website.

---

### Evidence of Coverage (EOC)

Review your 2021 EOC for details about plan costs and benefits. The EOC is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. It also has information about the Quality Improvement Program, how medical coverage decisions are made and your Rights and Responsibilities as a member.

---

### Would you rather get paper copies?

If you want a paper copy of what is listed above, please contact our Customer Service at 1-866-480-1086 (TTY users should call 711). Hours are 8 a.m. - 8 p.m. local time, 7 days a week.

### Would you rather get less paper?

Simplify your life with online delivery of plan materials. You can securely access your plan documents online anytime, anywhere. Register at [www.myUHC Medicare.com](http://www.myUHC Medicare.com) to sign up for online delivery today.

# Annual Notice of Changes for 2021



You are currently enrolled as a member of UnitedHealthcare Dual Complete® (PPO D-SNP).

Next year, there will be some changes to the plan's costs and benefits. **This booklet tells about the changes.**

---

## What to do now

### 1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - It's important to review your coverage now to make sure it will meet your needs next year.
  - Do the changes affect the services you use?
  - Look in Section 1 for information about benefit and cost changes for our plan.
  
- Check the changes in the booklet to our prescription drug coverage to see if they affect you.
  - Will your drugs be covered?
  - Are your drugs in a different tier, with different cost sharing?
  - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
  - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
  - Review the 2021 Drug List and look in Section 1.6 for information about changes to our drug coverage.
  - Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit [go.medicare.gov/drugprices](https://www.medicare.gov/drugprices). These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

- Check to see if your doctors and other providers will be in our network next year.
  - Are your doctors, including specialists you see regularly, in our network?
  - What about the hospitals or other providers you use?
  - Look in Section 1.3 for information about our Provider Directory.
- Think about your overall health care costs.
  - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
  - How much will you spend on your premium and deductibles?
  - How do your total plan costs compare to other Medicare coverage options?
- Think about whether you are happy with our plan.

**2. COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area.
  - Use the personalized search feature on the Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website.
  - Review the list in the back of your Medicare & You handbook.
  - Look in Section 2.2 to learn more about your choices.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

**3. CHOOSE: Decide whether** you want to change your plan

- If you don't join another plan by December 7, 2020, you will be enrolled in UnitedHealthcare Dual Complete® (PPO D-SNP).
- If you want to change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7. Look in Section 2 to learn more about your choices.

**4. ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2020**

- If you **don't join another plan by December 7, 2020**, you will be enrolled in UnitedHealthcare Dual Complete® (PPO D-SNP).
- If you **join another plan between October 15 and December 7, 2020**, your new coverage will start on January 1, 2021. You will be automatically disenrolled from your current plan.

**Additional Resources**

- This document is available for free in other languages.
- Please contact our Customer Service number at 1-866-480-1086 for additional information (TTY users should call 711). Hours are 8 a.m. - 8 p.m. local time, 7 days a week.
- Este documento está disponible sin costo en otros idiomas.

- Comuníquese con nuestro Servicio al Cliente al número 1-866-480-1086 para obtener información adicional (los usuarios de TTY deben llamar al 711). El horario es 8 a.m. a 8 p.m., los 7 días de la semana, hora local.
- This document may be available in an alternate format such as Braille, larger print or audio. Please contact our Customer Service number at 1-866-480-1086, TTY: 711, 8 a.m. - 8 p.m. local time, 7 days a week, for additional information.
- Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

#### **About UnitedHealthcare Dual Complete® (PPO D-SNP)**

- 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.
- The plan also has a written agreement with the Maine Medicaid program to coordinate your Medicaid benefits.
- When this booklet says "we," "us," or "our," it means UnitedHealthcare Insurance Company or one of its affiliates. When it says "plan" or "our plan," it means UnitedHealthcare Dual Complete® (PPO D-SNP).

## Summary of Important Costs for 2021

The table below compares the 2020 costs and 2021 costs for UnitedHealthcare Dual Complete® (PPO D-SNP) in several important areas. **Please note this is only a summary of changes.** A copy of the Evidence of Coverage is located on our website at [www.myUHCMedicare.com](http://www.myUHCMedicare.com). You may also call Customer Service to ask us to mail you an Evidence of Coverage. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2020 (this year)	2021 (next year)
<p><b>Monthly Plan Premium*</b></p> <p>*Your premium may be higher or lower than this amount. (See Section 1.1 for details.)</p>	\$0	\$0
<p><b>Part B Deductible/Annual Medical Deductible</b></p>	For 2020, your plan has a \$198 combined in and out-of-network Medicare Deductible.	For 2021, your plan has a \$198 combined in and out-of-network deductible. Please see Chapter 4 of your Evidence of Coverage for details.
<p><b>Maximum out-of-pocket amounts</b></p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	<p>From network providers: \$0</p> <p>From in-network and out-of-network providers combined: \$10,000</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered in-network Part A and Part B services.</p>	<p>From network providers: \$0</p> <p>From in-network and out-of-network providers combined: \$11,300</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered in-network Part A and Part B services.</p>
<p><b>Doctor Office Visits</b></p>	Primary care visits: You pay a \$0 copayment per visit (in-network).	Primary care visits: You pay a \$0 copayment per visit (in-network).

Cost	2020 (this year)	2021 (next year)
	<p>You pay 30% coinsurance per visit (out-of-network).</p> <p>Specialist visits: You pay a \$0 copayment per visit (in-network).</p> <p>You pay 30% coinsurance per visit (out-of-network).</p>	<p>You pay 40% coinsurance per visit (out-of-network).</p> <p>Specialist visits: You pay a \$0 copayment per visit (in-network).</p> <p>You pay 40% coinsurance per visit (out-of-network).</p>
<p><b>Inpatient Hospital Stays</b> Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor’s order. The day before you are discharged is your last inpatient day.</p>	<p>You pay a \$0 copayment for each Medicare-covered hospital stay for unlimited days (in-network).</p> <p>You pay 30% coinsurance for each Medicare-covered hospital stay for unlimited days (out-of-network).</p>	<p>You pay a \$0 copayment for each Medicare-covered hospital stay for unlimited days (in-network).</p> <p>You pay 40% coinsurance for each Medicare-covered hospital stay for unlimited days (out-of-network).</p>
<p><b>Part D prescription drug coverage</b> (See Section 1.6 for details.)</p>	<p>If you are enrolled in Medicare A and B and receive full Office of MaineCare Services (Medicaid) benefits, and depending on your income and institutional status, you pay one of the following amounts:</p> <p>Deductible:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> \$0 or</li> <li><input type="checkbox"/> \$89</li> </ul> <p>For generic drugs (including brand drugs treated as generic):</p>	<p>If you are enrolled in Medicare A and B and receive full Office of MaineCare Services (Medicaid) benefits, and depending on your income and institutional status, you pay one of the following amounts:</p> <p>Deductible:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> \$0 or</li> <li><input type="checkbox"/> \$92</li> </ul> <p>For generic drugs (including brand drugs treated as generic):</p>

Cost	2020 (this year)	2021 (next year)
	<ul style="list-style-type: none"> <li><input type="checkbox"/> \$0 copayment or</li> <li><input type="checkbox"/> \$1.30 copayment or</li> <li><input type="checkbox"/> \$3.60 copayment or</li> <li><input type="checkbox"/> 15% of the total cost</li> </ul> <p>If the total amount you pay for copayments and coinsurance reaches \$6,350, your cost sharing amounts will be:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> \$0 copayment or</li> <li><input type="checkbox"/> \$3.60 copayment</li> </ul> <p>For all other covered drugs:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> \$0 copayment or</li> <li><input type="checkbox"/> \$3.90 copayment or</li> <li><input type="checkbox"/> \$8.95 copayment or</li> <li><input type="checkbox"/> 15% of the total cost</li> </ul> <p>If the total amount you pay for copayments and coinsurance reaches \$6,350, your cost sharing amounts will be:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> \$0 copayment or</li> <li><input type="checkbox"/> \$8.95 copayment</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> \$0 copayment or</li> <li><input type="checkbox"/> \$1.30 copayment or</li> <li><input type="checkbox"/> \$3.70 copayment or</li> <li><input type="checkbox"/> 15% of the total cost</li> </ul> <p>If the total amount you pay for copayments and coinsurance reaches \$6,550, your cost sharing amounts will be:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> \$0 copayment or</li> <li><input type="checkbox"/> \$3.70 copayment</li> </ul> <p>For all other covered drugs:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> \$0 copayment or</li> <li><input type="checkbox"/> \$4 copayment or</li> <li><input type="checkbox"/> \$9.20 copayment or</li> <li><input type="checkbox"/> 15% of the total cost</li> </ul> <p>If the total amount you pay for copayments and coinsurance reaches \$6,550, your cost sharing amounts will be:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> \$0 copayment or</li> <li><input type="checkbox"/> \$9.20 copayment</li> </ul>
	<p><b>If you do not qualify for “Extra Help” from Medicare to help pay for your prescription drug costs</b></p>	
	<p>Deductible: \$435 You pay 25% of the total cost.</p>	<p>Deductible: \$445 You pay 25% of the total cost.</p>



## Annual Notice of Changes for 2021 Table of Contents

<b>Summary of Important Costs for 2021</b> .....	<b>6</b>
<b>SECTION 1: Changes to Benefits and Costs for Next Year</b> .....	<b>10</b>
Section 1.1: Changes to the Monthly Premium.....	10
Section 1.2: Changes to Your Maximum Out-of-Pocket Amounts.....	10
Section 1.3: Changes to the Provider Network.....	11
Section 1.4: Changes to the Pharmacy Network.....	12
Section 1.5: Changes to Benefits and Costs for Medical Services.....	12
Section 1.6: Changes to Part D Prescription Drug Coverage.....	24
<b>SECTION 2: Deciding Which Plan to Choose</b> .....	<b>28</b>
Section 2.1: If You Want to Stay in UnitedHealthcare Dual Complete® (PPO D-SNP) .....	28
Section 2.2: If You Want to Change Plans.....	28
<b>SECTION 3: Changing Plans</b> .....	<b>29</b>
<b>SECTION 4: Programs That Offer Free Counseling about Medicare and Medicaid</b> .....	<b>30</b>
<b>SECTION 5: Programs That Help Pay for Prescription Drugs</b> .....	<b>30</b>
<b>SECTION 6: Questions?</b> .....	<b>31</b>
Section 6.1: Getting Help from UnitedHealthcare Dual Complete® (PPO D-SNP)...	31
Section 6.2: Getting Help from Medicare.....	31
Section 6.3: Getting Help from Medicaid.....	32

## Section 1: Changes to Benefits and Costs for Next Year

### SECTION 1.1: Changes to the Monthly Premium

Cost	2020 (this year)	2021 (next year)
<b>Monthly Premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$0	\$0

### SECTION 1.2: Changes to Your Maximum Out-of-Pocket Amounts

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. These limits are called the “maximum out-of-pocket amounts.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2020 (this year)	2021 (next year)
<b>In-network maximum out-of-pocket amount</b>  Because our members also get assistance from Office of MaineCare Services (Medicaid), very few members ever reach this out-of-pocket maximum.  You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copays and deductibles) from network providers count toward your in-network	\$0  You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$0  You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

Cost	2020 (this year)	2021 (next year)
<p>maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>		
<p><b>Combined maximum out-of-pocket amount</b></p> <p>Because our members also get assistance from Office of MaineCare Services (Medicaid), very few members ever reach this out-of-pocket maximum.</p> <p>Your costs for covered medical services (such as copays and deductibles) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.</p>	<p>\$10,000</p> <p>Once you have paid \$10,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.</p>	<p>\$11,300</p> <p>Once you have paid \$11,300 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.</p>

### SECTION 1.3: Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider Directory is located on our website at [www.myUHC Medicare.com](http://www.myUHC Medicare.com). You may also call Customer Service for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2021 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.

- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

## **SECTION 1.4: Changes to the Pharmacy Network**

---

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered **only** if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year. An updated Pharmacy Directory is located on our website at [www.myUHCmedicare.com](http://www.myUHCmedicare.com). You may also call Customer Service for updated pharmacy information or to ask us to mail you a Pharmacy Directory. **Please review the 2021 Pharmacy Directory to see which pharmacies are in our network.**

## **SECTION 1.5: Changes to Benefits and Costs for Medical Services**

---

Please note that **the Annual Notice of Changes** only tells you about changes to your Medicare benefits and costs.

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, **Medical Benefits Chart (what is covered and what you pay)**, in your **2021 Evidence of Coverage**. A copy of the Evidence of Coverage is located on our website at [www.myUHCmedicare.com](http://www.myUHCmedicare.com). You may also call Customer Service to ask us to mail you an Evidence of Coverage.

If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.

Cost	2020 (this year)	2021 (next year)
<p><b>Acupuncture for low back pain (Medicare-covered)</b></p>	<p>You pay 30% of the total cost (out-of-network).</p>	<p>You pay 40% of the total cost for services provided by a primary care physician (out-of-network).</p> <p>You pay 40% of the total cost for services provided by a specialist (out-of-network).</p> <p>See Chapter 4 of the Evidence of Coverage for details.</p>
<p><b>Additional Routine Foot Care</b></p>	<p>You pay a \$0 copayment for 4 visits. (in-network)</p> <p>You pay 30% coinsurance for 4 visits. (out-of-network)</p> <p>Visits are combined in and out-of-network.</p>	<p>You pay a \$0 copayment for 4 visits. (in-network)</p> <p>You pay 40% coinsurance for 4 visits. (out-of-network)</p> <p>Visits are combined in and out-of-network.</p>
<p><b>Annual Routine Physical Exam</b></p>	<p>Available service at no additional cost through a network provider as part of your care plan (in-network).</p>	<p>Now a plan benefit at no additional cost (in-network).</p>
<p><b>Annual Routine Physical Exam</b></p>	<p>Annual Routine Physical Exam is <u>not</u> covered (out-of-network).</p>	<p>Now a plan benefit for which you pay \$0 of the total cost (out-of-network).</p>

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits then your deductible, coinsurance and/or copayment may be less for services that are covered under Original Medicare. Please refer to the **Changes to Benefits and Costs for Medical Services** chart.

<b>Cost</b>	<b>2020 (this year)</b>	<b>2021 (next year)</b>
<b>Authorization</b>	Your provider must obtain Prior Authorization for some services. Your Prior Authorization requirements include all Medicare-covered services except: Emergency Care, Urgently Needed Services, Emergency Ambulance Services, Opioid Treatment Program Services, and Medicare-covered Preventive Services.	The services for which your provider must obtain Prior Authorization have changed. Your Prior Authorization requirements include all Medicare-covered services except: Emergency Care, Urgently Needed Services, Emergency Ambulance Services, and Medicare-covered Preventive Services.
<b>Blood</b>	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Cardiac Rehabilitation</b>	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Chiropractic Services</b>	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Dental Services</b> Comprehensive and Preventive Dental	<p>You pay a \$0 copayment for covered preventive and diagnostic services.</p> <p>You pay a \$0 copayment for covered comprehensive dental services.</p> <p>You are covered for up to \$2,000 per year. Benefit is combined in and out-of-network.</p>	<p>You pay a \$0 copayment for covered preventive and diagnostic services.</p> <p>You pay a \$0 copayment for covered comprehensive dental services.</p> <p>You are covered for up to \$3,000 per year. Benefit is combined in and out-of-network.</p>

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits then your deductible, coinsurance and/or copayment may be less for services that are covered under Original Medicare. Please refer to the **Changes to Benefits and Costs for Medical Services** chart.

Cost	2020 (this year)	2021 (next year)
		<p>The list of services covered by your plan has changed, please see your Evidence of Coverage for a full list of covered services.</p>
<p><b>Diabetes Self-Management Training, Diabetic Services and Supplies</b></p>	<p>You pay a \$0 copayment (in-network).</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio® Flex , Accu-Chek® Guide Me , Accu-Chek® Guide, and Accu-Chek® Aviva Plus.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, Accu-Chek® SmartView, and Accu-Chek® Compact Plus.</p> <p>Other brands are not covered by your plan. If you use a brand of supplies that is not covered by your plan, you should speak with your doctor to get a new prescription for a covered brand.</p>	<p>You pay a \$0 copayment (in-network).</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan. If you use a brand of supplies that is not covered by your plan, you should speak with your doctor to get a new prescription for a covered brand.</p>

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits then your deductible, coinsurance and/or copayment may be less for services that are covered under Original Medicare. Please refer to the **Changes to Benefits and Costs for Medical Services** chart.

<b>Cost</b>	<b>2020 (this year)</b>	<b>2021 (next year)</b>
<b>Diabetes Self-Management Training, Diabetic Services and Supplies</b>	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Diabetes Self-Management Training, Diabetic Services and Supplies - Self-Management Training</b>	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Diabetes Self-Management Training, Diabetic Services and Supplies - Therapeutic Shoes</b>	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Durable Medical Equipment and Related Supplies</b>	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Hearing Services</b> Additional Routine Hearing Exam	You pay 30% coinsurance for 1 exam(s) every year. (out-of-network)  Benefit is combined in and out-of-network.	You pay 40% coinsurance for 1 exam(s) every year. (out-of-network)  Benefit is combined in and out-of-network.
<b>Hearing Services</b> Medicare-Covered Hearing and Balance Exams	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Home Health Agency Care</b>	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Inpatient Hospital Care</b>	You pay 30% of the total cost for each Medicare-covered hospital stay (out-of-network).	You pay 40% of the total cost for each Medicare-covered hospital stay for unlimited days (out-of-network).

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits then your deductible, coinsurance and/or copayment may be less for services that are covered under Original Medicare. Please refer to the **Changes to Benefits and Costs for Medical Services** chart.



<b>Cost</b>	<b>2020 (this year)</b>	<b>2021 (next year)</b>
<b>Inpatient Mental Health Care</b>	You pay 30% of the total cost for each Medicare-covered hospital stay (out-of-network).	You pay a 40% of the total cost for each Medicare-covered hospital stay (out-of-network).
<b>Kidney Disease Education Services</b>	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Medicare-Covered Preventive Services</b> Abdominal Aortic Aneurysm Screening	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Medicare-Covered Preventive Services</b> Annual Wellness Visit	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Medicare-Covered Preventive Services</b> Bone-Mass Measurements	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Medicare-Covered Preventive Services</b> Breast Cancer Screening (Mammograms)	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Medicare-Covered Preventive Services</b> Cardiovascular Disease Testing	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Medicare-Covered Preventive Services</b> Cervical and Vaginal Cancer Screening	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits then your deductible, coinsurance and/or copayment may be less for services that are covered under Original Medicare. Please refer to the **Changes to Benefits and Costs for Medical Services** chart.

<b>Cost</b>	<b>2020 (this year)</b>	<b>2021 (next year)</b>
<b>Medicare-Covered Preventive Services</b> Barium Enema	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Medicare-Covered Preventive Services</b> Colorectal Cancer Screening	You pay 30% of the total cost (out of network).	You pay 40% of the total cost (out of network).
<b>Medicare-Covered Preventive Services</b> Diabetes Screening	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Medicare-Covered Preventive Services</b> HIV Screening	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Medicare-Covered Preventive Services</b> Screening for lung cancer with low dose computed tomography (LDCT)	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Medicare-Covered Preventive Services</b> Intensive Behavioral Therapy to reduce Cardiovascular Disease risk	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Medicare-Covered Preventive Services</b> Medical Nutrition Therapy	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Medicare-Covered Preventive Services Prostate Cancer Screening Exams – PSA test</b>	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Medicare-Covered Preventive Services</b> Screening and Counseling for Obesity	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits then your deductible, coinsurance and/or copayment may be less for services that are covered under Original Medicare. Please refer to the **Changes to Benefits and Costs for Medical Services** chart.

<b>Cost</b>	<b>2020 (this year)</b>	<b>2021 (next year)</b>
<b>Medicare-Covered Preventive Services</b> Screening and Counseling to Reduce Alcohol Misuse	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Medicare-Covered Preventive Services</b> Screening for Depression in Adults	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Medicare-Covered Preventive Services</b> Screening for Sexually Transmitted Infections (STIs) and Counseling to Prevent STIs	You pay 30% of the total cost (out of network).	You pay 40% of the total cost (out of network).
<b>Medicare-Covered Preventive Services</b> Smoking and Tobacco use Cessation	You pay 30% of the total cost (out of network).	You pay 40% of the total cost (out of network).
<b>Medicare-Covered Preventive Services</b> "Welcome to Medicare" physical exam	You pay 30% of the total cost (out of network).	You pay 40% of the total cost (out of network).
<b>Medicare Part B Prescription Drugs</b>	You pay 20% of the total cost (out-of-network).	You pay 30% of the total cost (out-of-network).
<b>Medicare Part B Prescription Drugs - Chemotherapy Drugs</b>	You pay 20% of the total cost (out-of-network).	You pay 30% of the total cost (out-of-network).
<b>Opioid Treatment Program Services</b>	You pay 30% of the total cost (out-of-network).	You pay a \$0 copayment (out-of-network).
<b>Outpatient Diagnostic Tests and Therapeutic Services and Supplies – Medical Supplies</b>	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits then your deductible, coinsurance and/or copayment may be less for services that are covered under Original Medicare. Please refer to the **Changes to Benefits and Costs for Medical Services** chart.

<b>Cost</b>	<b>2020 (this year)</b>	<b>2021 (next year)</b>
<b>Outpatient Diagnostic Tests and Therapeutic Services and Supplies - Radiation Therapy</b>	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Outpatient Diagnostic Tests and Therapeutic Services and Supplies - X-rays</b>	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Outpatient Diagnostic Tests and Therapeutic Services and Supplies - Other Diagnostic tests - Non-Radiological Diagnostic Services</b>	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Outpatient Diagnostic Tests and Therapeutic Services and Supplies - Other Diagnostic tests - Radiological Diagnostic Service, not Including X-rays</b>	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Outpatient Mental Health Care - Group Therapy Session</b>	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Outpatient Mental Health Care - Individual Therapy Session</b>	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Outpatient Rehabilitation Services - Occupational Therapy</b>	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Outpatient Rehabilitation Services - Physical Therapy and Speech Therapy</b>	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Outpatient Substance Abuse Services - Group Therapy Sessions</b>	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Outpatient Substance Abuse Services - Individual Therapy Sessions</b>	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits then your deductible, coinsurance and/or copayment may be less for services that are covered under Original Medicare. Please refer to the **Changes to Benefits and Costs for Medical Services** chart.

<b>Cost</b>	<b>2020 (this year)</b>	<b>2021 (next year)</b>
<b>Outpatient Surgery - Ambulatory Surgical Center</b>	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Outpatient Surgery - Hospital Outpatient Facilities</b>	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Outpatient Surgery- Hospital Outpatient Observation Services</b>	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Health Products Benefit / Over-the-Counter (OTC) Products Catalog</b>	<p>\$75 credit quarterly. Your credit amount expires at the end of the year.</p> <p>You can place your order online, over the phone, or by mail through your <b>Health Products Benefit Catalog</b> that will be sent to you.</p> <p>Benefit is combined in and out-of-network.</p>	<p>\$160 credit quarterly. Your credit amount expires at the end of the quarter.</p> <p>You can place your order online, over the phone, or by mail through your <b>Health &amp; Wellness Products Catalog</b> that will be sent to you.</p> <p>Benefit is combined in and out-of-network.</p>
<b>Partial Hospitalization</b>	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Physician/Practitioner Services, Including Doctor's Office Visits - Medicare-Covered Hearing and Balance Exams</b>	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Physician/Practitioner Services, Including Doctor's Office Visits - Non-Routine Dental Care</b>	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits then your deductible, coinsurance and/or copayment may be less for services that are covered under Original Medicare. Please refer to the **Changes to Benefits and Costs for Medical Services** chart.

<b>Cost</b>	<b>2020 (this year)</b>	<b>2021 (next year)</b>
<b>Physician/Practitioner Services, Including Doctor's Office Visits - Primary Care Provider</b>	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Physician/Practitioner Services, Including Doctor's Office Visits - Specialists</b>	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Podiatry Services</b>	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Prostate Cancer Screening Exams – Digital Rectal Exams</b>	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Prosthetic Devices and Related Supplies</b>	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Pulmonary Rehabilitation</b>	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Supervised Exercise Therapy (SET)</b>	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Transportation (additional routine)</b>	<p>You pay a \$0 copayment for 48 one-way trips per calendar year. (in-network)</p> <p>You pay 75% coinsurance for 48 one-way trips per calendar year. (out-of-network)</p> <p>Trips are combined in and out-of-network.</p>	<p>You pay a \$0 copayment for 24 one-way trips per calendar year. (in-network)</p> <p>You pay 75% coinsurance for 24 one-way trips per calendar year. (out-of-network)</p> <p>Trips are combined in and out-of-network.</p>

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits then your deductible, coinsurance and/or copayment may be less for services that are covered under Original Medicare. Please refer to the **Changes to Benefits and Costs for Medical Services** chart.

<b>Cost</b>	<b>2020 (this year)</b>	<b>2021 (next year)</b>
<b>Vision Care</b> Medicare-Covered Eye Exams to Evaluate for Eye Disease	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Vision Care</b> Additional Routine Eye Exams	You pay a \$0 copayment for 1 exam every year. (in-network)  You pay 30% coinsurance for 1 exam every year. (out-of-network)  Benefit is combined in and out-of-network.	You pay a \$0 copayment for 1 exam every year. (in-network)  You pay 40% coinsurance for 1 exam every year. (out-of-network)  Benefit is combined in and out-of-network.
<b>Vision Care</b> Medicare-Covered Glaucoma Screening	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
<b>Vision Care</b> Medicare-Covered Visits	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits then your deductible, coinsurance and/or copayment may be less for services that are covered under Original Medicare. Please refer to the **Changes to Benefits and Costs for Medical Services** chart.

Cost	2020 (this year)	2021 (next year)
<p><b>Vision Care</b> Additional Routine Eyewear</p>	<p>You pay a \$0 copayment for standard lenses; receive up to \$200 toward your purchase of frames or contact lenses every 2 years. (in-network)</p> <p>You pay 50% coinsurance; receive up to \$200 toward your purchase of frames or contact lenses every 2 years. (out-of-network)</p> <p>Credit is combined in and out-of-network.</p>	<p>You pay a \$0 copayment for standard lenses; receive up to \$300 toward your purchase of frames or contact lenses through a UnitedHealthcare Vision provider every 2 years.</p> <p>Home-delivered eyewear available nationwide through UnitedHealthcare Vision network providers (select products only). You are responsible for all costs for eyewear not purchased from a UnitedHealthcare Vision network provider.</p>
<p><b>“Welcome to Medicare” Preventive Visit - EKG following Welcome Visit</b></p>	<p>You pay 30% of the total cost (out-of-network).</p>	<p>You pay 40% of the total cost (out-of-network).</p>

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits then your deductible, coinsurance and/or copayment may be less for services that are covered under Original Medicare. Please refer to the **Changes to Benefits and Costs for Medical Services** chart.

## **SECTION 1.6: Changes to Part D Prescription Drug Coverage**

### **Changes to Our Drug List**

Our list of covered drugs is called a Formulary or “Drug List.” **You can get the complete Drug List** by calling Customer Service (see the back cover) or visiting our website ([www.myUHCMedicare.com](http://www.myUHCMedicare.com)).

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:



- **Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.**
  - To learn what you must do to ask for an exception, see Chapter 9 of your **Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))** or call Customer Service.
- **Work with your doctor (or other prescriber) to find a different drug that we cover.** You can call Customer Service to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a drug that is not on the Drug List (Formulary) or when it is restricted in some way in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the **Evidence of Coverage**.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you have obtained approval for a Drug List (Formulary) exception this year, please refer to the approved through date provided on your approval letter to determine when your approval expires. After the date of expiration on your approval letter, you may need to obtain a new approval in order for the plan to continue to cover the drug, if the drug still requires an exception and you and your doctor feel it is needed. To learn what you must do to ask for an exception, see Chapter 9 of your Evidence of Coverage or call Customer Service.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about the changes we may make to the Drug List, see Chapter 5, Section 6 of the Evidence of Coverage.)

### **Changes to Prescription Drug Costs**

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. Because you receive “Extra Help” you will receive a “LIS Rider” by September 30, 2020. If you don’t receive it, please call Customer Service and ask for the “LIS Rider” to be sent to you.

There are four “drug payment stages.” How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your **Evidence of Coverage** for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the **Evidence of Coverage**, which is located on our website at [www.myUHCMedicare.com](http://www.myUHCMedicare.com). You may also call Customer Service to ask us to mail you an **Evidence of Coverage**.)

### Changes to the Deductible Stage

Stage	2020 (this year)	2021 (next year)
<p><b>Stage 1: Yearly (Part D) Deductible Stage</b> During this stage, <b>you pay the full cost</b> of your Part D drugs until you have reached the yearly deductible.</p>	<p>Your deductible amount is either \$0 or \$89, depending on the level of “Extra Help” you receive. (Look at the separate insert, the “LIS Rider,” for your deductible amount.)</p> <p>If you do not qualify for “Extra Help” from Medicare to help pay for your prescription drug costs, your deductible is \$435.</p>	<p>Your deductible amount is either \$0 or \$92, depending on the level of “Extra Help” you receive. (Look at the separate insert, the “LIS Rider,” for your deductible amount.)</p> <p>If you do not qualify for “Extra Help” from Medicare to help pay for your prescription drug costs, your deductible is \$445.</p>

### Changes to Your Cost-sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, **Types of out-of-pocket costs you may pay for covered drugs** in your **Evidence of Coverage**.

Stage	2020 (this year)	2021 (next year)
<p><b>Stage 2: Initial Coverage Stage</b> Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays</p>	<p>Your cost for a one-month (30-day) supply filled at a network pharmacy with standard cost-sharing:</p>	<p>Your cost for a one-month (30-day) supply filled at a network pharmacy with standard cost-sharing:</p>

Stage	2020 (this year)	2021 (next year)
<p>its share of the cost of your drugs and <b>you pay your share of the cost.</b></p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <b>Evidence of Coverage.</b></p>	<p><b>Generic drugs (including brand drugs treated as generic):</b></p> <p>If you are enrolled in Medicare A and B and receive full Office of MaineCare Services (Medicaid) benefits, and depending on your income and institutional status, you pay one of the following amounts:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> \$0 copayment or</li> <li><input type="checkbox"/> \$1.30 copayment or</li> <li><input type="checkbox"/> \$3.60 copayment or</li> <li><input type="checkbox"/> 15% of the total cost</li> </ul> <p><b>For all other covered drugs:</b></p> <p>If you are enrolled in Medicare A and B and receive full Office of MaineCare Services (Medicaid) benefits, and depending on your income and institutional status, you pay one of the following amounts:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> \$0 copayment or</li> <li><input type="checkbox"/> \$3.90 copayment or</li> <li><input type="checkbox"/> \$8.95 copayment or</li> <li><input type="checkbox"/> 15% of the total cost</li> </ul>	<p><b>Generic drugs (including brand drugs treated as generic):</b></p> <p>If you are enrolled in Medicare A and B and receive full Office of MaineCare Services (Medicaid) benefits, and depending on your income and institutional status, you pay one of the following amounts:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> \$0 copayment or</li> <li><input type="checkbox"/> \$1.30 copayment or</li> <li><input type="checkbox"/> \$3.70 copayment or</li> <li><input type="checkbox"/> 15% of the total cost</li> </ul> <p><b>For all other covered drugs:</b></p> <p>If you are enrolled in Medicare A and B and receive full Office of MaineCare Services (Medicaid) benefits, and depending on your income and institutional status, you pay one of the following amounts:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> \$0 copayment or</li> <li><input type="checkbox"/> \$4 copayment or</li> <li><input type="checkbox"/> \$9.20 copayment or</li> <li><input type="checkbox"/> 15% of the total cost</li> </ul>
<p><b>If you do not qualify for “Extra Help” from Medicare to help pay for your prescription drug costs</b></p>		
	<p><b>For all covered drugs:</b></p>	<p><b>For all covered drugs:</b></p>

Stage	2020 (this year)	2021 (next year)
	<p>You pay 25% of the total cost</p> <hr/> <p>Once your total drugs costs have reached \$4,020, you will move to the next stage (the Coverage Gap Stage).</p>	<p>You pay 25% of the total cost</p> <hr/> <p>Once your total drugs costs have reached \$4,130, you will move to the next stage (the Coverage Gap Stage).</p>

### Changes to the Coverage Gap and Catastrophic Coverage Stages

The Coverage Gap Stage and the Catastrophic Coverage Stage are two other drug coverage stages for people with high drug costs. **Most members do not reach either stage.**

For information about your costs in these stages, look at your Summary of Benefits or at Chapter 6, Sections 6 and 7, in your **Evidence of Coverage**.

## Section 2: Deciding Which Plan to Choose

### SECTION 2.1: If You Want to Stay in UnitedHealthcare Dual Complete® (PPO D-SNP)

**To stay in our plan you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our UnitedHealthcare Dual Complete® (PPO D-SNP).

### SECTION 2.2: If You Want to Change Plans

We hope to keep you as a member next year but if you want to change for 2021 follow these steps:

#### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- OR –** You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, read **Medicare & You 2021**, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare). **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, UnitedHealthcare Insurance Company or one of its affiliates offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

### Step 2: Change your coverage

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from UnitedHealthcare Dual Complete® (PPO D-SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from UnitedHealthcare Dual Complete® (PPO D-SNP).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 6.1 of this booklet).
  - – **or** – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

## Section 3: Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 to December 7**. The change will take effect on January 1, 2021.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year.

If you enrolled in a Medicare Advantage plan for January 1, 2021, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug

coverage) between January 1 and March 31, 2021. For more information, see Chapter 10, Section 2.2 of the **Evidence of Coverage**.

## Section 4: Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Maine, the SHIP is called Maine State Health Insurance Assistance Program (SHIP).

Maine State Health Insurance Assistance Program (SHIP) is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Maine State Health Insurance Assistance Program (SHIP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Maine State Health Insurance Assistance Program (SHIP) at 1-800-262-2232.

For questions about your Office of MaineCare Services benefits, contact Office of MaineCare Services, at 1-800-977-6740, 8 a.m. - 5 p.m. ET, Monday - Friday. TTY users should call 711. Ask how joining another plan or returning to Original Medicare affects how you get your Office of MaineCare Services coverage.

## Section 5: Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in ‘Extra Help,’ also called the Low Income Subsidy. Extra Help pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about Extra Help, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call 1-800-325-0778 (applications); or
  - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** Maine has a program called Office of MaineCare Services that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your

State Health Insurance Assistance Program (the name and phone numbers for this organization are in Chapter 2, Section 3 of your **Evidence of Coverage**).

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the ADAP in your State. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the ADAP in your State. You can find your State's ADAP contact information in Chapter 2 of the **Evidence of Coverage**.

## Section 6: Questions?

### SECTION 6.1: Getting Help from UnitedHealthcare Dual Complete® (PPO D-SNP)

---

Questions? We're here to help. Please call Customer Service at 1-866-480-1086. (TTY only, call 711.) We are available for phone calls 8 a.m. - 8 p.m. local time, 7 days a week. Calls to these numbers are free.

#### **Read your 2021 Evidence of Coverage (it has details about next year's benefits and costs)**

This **Annual Notice of Changes** gives you a summary of changes in your benefits and costs for 2021. For details, look in the 2021 **Evidence of Coverage** for UnitedHealthcare Dual Complete® (PPO D-SNP). The **Evidence of Coverage** is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the Evidence of Coverage is located on our website at [www.myUHC Medicare.com](http://www.myUHC Medicare.com). You may also call Customer Service to ask us to mail you an Evidence of Coverage.

#### **Visit our Website**

You can also visit our website at [www.myUHC Medicare.com](http://www.myUHC Medicare.com). As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary).

### SECTION 6.2: Getting Help from Medicare

---

To get information directly from Medicare:

### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **Visit the Medicare Website**

You can visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)).

### **Read Medicare & You 2021**

You can read the **Medicare & You 2021** Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website ([www.medicare.gov](http://www.medicare.gov)) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

## **SECTION 6.3: Getting Help from Medicaid**

---

To get information from Office of MaineCare Services (Medicaid), you can call Office of MaineCare Services (Medicaid) at 1-800-977-6740. TTY users should call 711.





**UnitedHealthcare Dual Complete® (PPO D-SNP) Customer Service:**

Call **1-866-480-1086**

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

---

**TTY 711**

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

---

Write P.O. Box 30770  
Salt Lake City, UT 84130-0770

---

Website **[www.myUHC Medicare.com](http://www.myUHC Medicare.com)**