

Annual Notice of Changes 2021

UnitedHealthcare Dual Complete® ONE (HMO D-SNP)



Toll-free 1-800-514-4911, TTY 711
8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept.



www.UHCCommunityPlan.com

Do we have the right address for you?

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.UHCCommunityPlan.com to review the details online. All of these documents will be available online by October 15, 2020.

Provider and Pharmacy Directory

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

Drug List (Formulary)

Review the 2021 Drug List for new restrictions and to make sure the drugs you take will be covered next year. The Drug List is a full list of drugs covered by your plan.

Evidence of Coverage (EOC)

Review your 2021 **EOC** for details about what your plan covers and other details. 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 any of the documents listed above, please contact our Customer Service at 1-800-514-4911 (TTY users should call 711). Hours are 8am–8pm: 7 Days Oct–Mar; M–F Apr–Sept.

UnitedHealthcare Dual Complete® ONE (HMO D-SNP) offered by UnitedHealthcare.

Annual Notice of Changes for 2021



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

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

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits 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 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?
 - 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?
 - Review the 2021 List of Covered Drugs (Formulary) and look in Section 1.6 for information about changes to our drug coverage.
- 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 and Pharmacy Directory.
- Think about whether you are happy with our plan.
 - How do your total plan costs compare to other Medicare coverage options?

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 website.
 - Review the list in the back of your Medicare & You handbook.
 - Look in Section 3.2 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 want to **keep** UnitedHealthcare Dual Complete® ONE (HMO D-SNP), you don't need to do anything. You will stay in UnitedHealthcare Dual Complete® ONE (HMO 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 3.2, page 12 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 stay in UnitedHealthcare Dual Complete ONE (HMO 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 Spanish. Please contact our Customer Service number at 1-800-514-4911 for additional information. (TTY users should call 711.) Hours are 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept.
- Este documento está disponible sin costo en español. Comuníquese con nuestro número de Servicio al Cliente al 1-800-514-4911 para obtener información adicional (los usuarios de TTY deben llamar al 711). El horario de atención es de 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.
- This document is available in alternate formats such as braille, larger print or audio. Please contact our Customer Service number at 1-800-514-4911, TTY: 711, 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept., 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 for more information.

About UnitedHealthcare Dual Complete® ONE (HMO D-SNP)

- UnitedHealthcare Dual Complete ONE (HMO D-SNP) is a Medicare Advantage Dual Eligible Special Needs plan with a Medicare contract and a contract with the New Jersey Medicaid Program. Enrollment in UnitedHealthcare Dual Complete ONE depends on contract renewal.
- When this booklet says "we," "us," or "our," it means UnitedHealthcare or one of its affiliates. When it says "plan" or "our plan," it means UnitedHealthcare Dual Complete® ONE (HMO D-SNP).
- Members must use network plan providers, pharmacies, DME (Durable Medical Equipment) suppliers, and follow the rules on referrals.
- Members will be enrolled into Medicare Part D prescription drug coverage under the plan and will be automatically disenrolled from any other Medicare Advantage or Medicare Part D prescription drug coverage.

Summary of Important Costs for 2021

The table below compares the 2020 costs and 2021 costs for UnitedHealthcare Dual Complete® ONE (HMO D-SNP) in several important areas. **Please note this is only a summary of changes.** A copy of the **Evidence of Coverage** is located at our website at www.UHCCommunityPlan.com. You may also call Customer Service to ask us to mail you an **Evidence of Coverage**.

Costs	2020 (This year)	2021 (Next year)
Monthly Plan Premium	\$0 premium	\$0 premium
Doctor Office Visits	Primary care visits: \$0 per visit Specialist visits: \$0 per visit	Primary care visits: \$0 per visit Specialist visits: \$0 per visit
Inpatient Hospital Stays 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.	\$0 copayment per admission.	\$0 copayment per admission.
Part D prescription drug coverage (See Section 1.6 for details.)	You pay \$0 per prescription.	You pay \$0 per prescription.
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)	\$0	\$0

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Section 1: Changes to Benefits for Next Year

SECTION 1.1 Changes to the Monthly Premium

Costs	2020 (This year)	2021 (Next year)
Monthly Plan Premium (Your Medicare Part B premium is paid for you by Medicaid.)	\$0 Premium	\$0 Premium

SECTION 1.2 Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

Costs	2020 (This year)	2021 (Next year)
Maximum out-of-pocket amount Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.	\$0	\$0

SECTION 1.3 Changes to the Provider Network

There are changes to our network of providers for next year. An updated **Provider and Pharmacy Directory** is located on our website at www.UHCCCommunityPlan.com. You may also call Customer Service for updated provider information or to ask us to mail you a **Provider and Pharmacy Directory**. **Please review the 2021 Provider and Pharmacy 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. Depending on the type of care you are receiving, you may be able to continue receiving care from your provider for a certain period of time.

SECTION 1.4 Changes to the Pharmacy Network

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 **Provider and Pharmacy Directory** is located on our website at www.UHCCommunityPlan.com. You may also call Customer Service for updated pharmacy information or to ask us to mail you a **Provider and Pharmacy Directory**. **Please review the 2021 Provider and Pharmacy Directory to see which pharmacies are in our network.**

SECTION 1.5 Changes to Benefits

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

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

Benefits	2020 (This year)	2021 (Next year)
Diabetes Supplies	<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. 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>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. 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>
FirstLine Medical Catalog	<p>\$225 credit quarterly. Your credit amount expires at the end of the year.</p>	<p><u>Not</u> Covered</p>
Healthy Food Benefit	<p><u>Not</u> Covered</p>	<p>\$50 credit per month to spend on healthy food items such as vegetables, fruit, bread, rice, milk, and more. You can use your debit card at network retail locations. Your credit amount expires at the end of the month.</p>

Benefits	2020 (This year)	2021 (Next year)
Medicare Part B Prescription Drugs – Step Therapy	You may be required to try another effective drug that treats the same medical condition before the plan will cover your drug.	Not-applicable.
Over-the-Counter Debit Card	Quarterly Credit is \$300. Maximum \$1200 per year; depending on when you enroll.	<p>\$450 credit quarterly. Your credit amount expires at the end of the year.</p> <p>You can use your debit card at network retail locations or place an order online, over the phone, or by mail through your FirstLine Select+ Catalog that will be sent to you.</p>
Authorization	Your provider must obtain Prior Authorization for some services. Your Prior Authorization requirements include all Medicare-covered services except: Emergency Care, Urgently Needed Services, Non-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, Non-emergency Ambulance Services, Medicare-covered Preventive Services, and Additional Medicare-covered Telehealth Services.
Solutions for Caregivers	Covered	<u>Not</u> Covered
Virtual Mental Health Visits	<u>Not</u> Covered	You pay a \$0 copayment.

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.” A copy of our List of Covered Drugs (Formulary) is provided electronically.

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 8 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 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 formulary exception this year, please refer to the approved through date provided on your approval letter to determine when your approval expires. If your approval expires on December 31, 2020, you will need to obtain a new approval in order to continue to receive your drug in 2021, if the drug is still non-formulary and you and your doctor feel it is needed. **Any exception you received in 2020 is not guaranteed for 2021.**

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 does not apply to you.**

Section 2: Administrative Changes

Description	2020 (This year)	2021 (Next year)
<p>The appeal and grievance processes are changing in 2021.</p>	<p>In 2020, there are two types of grievances: Medicare and Medicaid.</p> <p>There are three types of appeals (initial appeals, made to our plan). Depending on the service involved, a denial and appeal could be Medicare-only, Medicaid-only, or integrated (Medicare/Medicaid).</p> <p>For more information on grievances or appeals, see Chapter 8 of your Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints)) or call Member Services.</p>	<p>In 2021, all grievances will be handled the same way, and will follow the same rules. They will not be separated into Medicare or Medicaid grievances.</p> <p>There will only be one type of appeal, regardless of the type of service. All denials and appeals will take into consideration both Medicare and Medicaid coverage rules.</p> <p>For more information on grievances or appeals, see Chapter 8 of your Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints)) or call Member Services.</p>

Section 3: Deciding Which Plan to Choose

SECTION 3.1 If you want to stay in UnitedHealthcare® Dual Complete ONE (HMO 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, you will automatically stay enrolled as a member of our plan for 2021.

SECTION 3.2 If you want to change plans

We hope to keep you as a member next plan 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 5), 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. **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

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® ONE (HMO 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® ONE (HMO 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 4: Changing Plans

If you want to change to a different plan or 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 9, Section 2.3 of the **Evidence of Coverage**.

Section 5: 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 New Jersey, the SHIP is called the State Health Insurance Assistance Program (SHIP).

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. 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 SHIP at 1-800-792-8820. You can learn more about SHIP by visiting their website (www.state.nj.us/humanservices/doas/services/ship/).

For questions about your NJ FamilyCare (Medicaid) benefits, contact the Division of Medical Assistance and Health Services toll-free at 1-800-356-1561 (TTY 711), 8:30 a.m. – 4:45 p.m. local time, Monday – Friday. Ask how joining another plan or returning to Original Medicare affects how you get your NJ FamilyCare (Medicaid) coverage.

Section 6: Questions?

SECTION 6.1 Getting Help from UnitedHealthcare® Dual Complete ONE (HMO D-SNP)

Questions? We're here to help. Please call Customer Service at 1-800-514-4911. (TTY only, call 711.) We are available for phone calls 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept. Calls to these numbers are free.

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

This **Annual Notice of Changes** gives you a summary of changes in your benefits for 2021. For details, look in the 2021 **Evidence of Coverage** for UnitedHealthcare Dual Complete® ONE (HMO 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 at our website at www.UHCCommunityPlan.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.UHCCommunityPlan.com. As a reminder, our website has the most up-to-date information about our provider network (**Provider and Pharmacy Directory**) and our list of covered drugs (**Formulary/Drug List**).

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). 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.)

Read Medicare & You 2021

You can read **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) 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 NJ FamilyCare (Medicaid), you can call the Division of Medical Assistance and Health Services at 1-800-356-1561. TTY users should call 711.

UnitedHealthcare Dual Complete® ONE (HMO D-SNP) Customer Service:



Call 1-800-514-4911

Calls to this number are free. 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept. Customer Service also has free language interpreter services available for non-English speakers.

TTY 711

Calls to this number are free. 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept.



Write **UnitedHealthcare Customer Service**

PO Box 30769

Salt Lake City, UT 84130-0769



Website **www.UHCCommunityPlan.com**