

# Summary of Benefits 2021

**UnitedHealthcare Dual Complete® ONE (HMO D-SNP)**  
H7464-005-000

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)**



## Introduction

This document is a brief summary of the benefits and services covered by UnitedHealthcare Dual Complete ONE (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of UnitedHealthcare Dual Complete ONE (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the **Evidence of Coverage**.

## Table of Contents

A.	Disclaimers.....	1
B.	Frequently Asked Questions.....	3
C.	Overview of Services.....	8
D.	Benefits covered outside of UnitedHealthcare Dual Complete ONE (HMO D-SNP).....	19
E.	Services that UnitedHealthcare Dual Complete ONE (HMO D-SNP), Medicare, and Medicaid do not cover.....	19
F.	Your rights and responsibilities as a member of the plan .....	20
G.	How to file a complaint or appeal a denied service.....	24
H.	What to do if you suspect fraud .....	24

**If you have questions**, call UnitedHealthcare Dual Complete ONE (HMO D-SNP) Customer Service at **1-844-368-7151**, TTY **711**, 8 a.m. – 8 p.m., 7 Days from October – March; Monday – Friday from April – September. The call is free. **For more information**, visit **[www.UHCCommunityPlan.com](http://www.UHCCommunityPlan.com)**.

## A. Disclaimers



This is a summary of health services covered by UnitedHealthcare Dual Complete ONE (HMO D-SNP) for January 1, 2021 – December 31, 2021. This is only a summary. Read the **Evidence of Coverage** for the full list of benefits.

- UnitedHealthcare Dual Complete® ONE (HMO D-SNP) is a Dual Eligible Special Needs Plan (D-SNP) with a Medicare contract and a contract with the Virginia Medicaid program. Enrollment in UnitedHealthcare Dual Complete® ONE depends on contract renewal. This plan is available to anyone who has both Medicare and full Virginia Medicaid benefits.
- This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan at **1-844-368-7151 (TTY 711)** or read the **Evidence of Coverage**. You can read and download it online at [www.UHCCCommunityPlan.com](http://www.UHCCCommunityPlan.com), or you can call Customer Service toll-free at **1-844-368-7151 (TTY 711)** to request a copy.
- ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call UnitedHealthcare Dual Complete® ONE Customer Service at the number listed at the bottom of this page. The call is free.
- ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame a Servicio al Cliente de UnitedHealthcare Dual Complete® ONE al número que aparece al final de esta página. La llamada es gratuita.
- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-844-368-7151, TTY 711, 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept. The call is free.
- To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, contact Customer Service.
- 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 1-888-950-1170 (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 1-888-950-1170 (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

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de Servicio al Cliente situado en la cobertura de este libro.

- Benefits may change on January 1 of each year.
- Premiums are covered for enrollees of UnitedHealthcare Dual Complete ONE (HMO D-SNP).
- Every year, Medicare evaluates plans based on a 5-star rating system.
- The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.
- OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. Prescriptions from OptumRx should arrive within 5 business days after we receive the complete order. Contact OptumRx anytime at **1-877-266-4832, TTY 711**.
- Participation in the Renew Active™ by UnitedHealthcare 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.

You can read the Medicare & You 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 access it online at the Medicare website ([www.medicare.gov](http://www.medicare.gov)) or request a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

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## B. Frequently asked questions

The following chart lists frequently asked questions.

### Frequently Asked Questions

	Answers
<b>What is a Dual Eligible Special Needs Plan (D-SNP)?</b>	A Dual Eligible Special Needs Plan (D-SNP) is a type of Medicare Advantage health plan. A D-SNP is for individuals who are dually eligible for both Medicare and Virginia Department of Medical Assistance Services (Medicaid). A D-SNP covers all of your Medicare and prescription drug benefits (Medicare Part D) and provides all of your Medicaid services and drugs under the Commonwealth Coordinated Care Plus (CCC Plus) program.
<b>What is Commonwealth Coordinated Care Plus (CCC Plus)?</b>	The Commonwealth Coordinated Care Plus (CCC Plus) program is a mandatory Medicaid managed care program through the Department of Medical Assistance Services (DMAS). Its goal is to help you improve the quality of your health care and your quality of life.
<b>What are Managed Long-Term Services and Supports (MLTSS)?</b>	Managed Long-Term Services and Supports (MLTSS) are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Often these services are provided at your home or in your community, but they could also be provided in a nursing home or hospital when necessary. UnitedHealthcare Dual Complete ONE (HMO D-SNP) provides MLTSS as part of your CCC Plus benefits if you are found to be eligible through the MLTSS screening process.

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## Frequently Asked Questions

	Answers
<p><b>Will I get the same Medicare and Medicaid benefits in UnitedHealthcare Dual Complete ONE (HMO D-SNP) that I get now?</b></p>	<p>If you are coming to UnitedHealthcare Dual Complete ONE (HMO D-SNP) from Original Medicare or another Medicare plan, you may get benefits or services differently. You will get almost all of your covered Medicare and CCC Plus benefits directly from UnitedHealthcare Dual Complete ONE (HMO D-SNP).</p> <p>When you enroll in UnitedHealthcare Dual Complete ONE (HMO D-SNP), you and your Interdisciplinary Care Team (ICT) will work together to develop an Integrated Care Plan (ICP) to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that UnitedHealthcare Dual Complete ONE (HMO D-SNP) does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for UnitedHealthcare Dual Complete ONE (HMO D-SNP) to cover your drug if medically necessary.</p>
<p><b>Can I go to the same health care providers I see now?</b></p>	<p>That is often the case. If your providers (including doctors, therapists, pharmacies, and other health care providers) work with UnitedHealthcare Dual Complete ONE (HMO D-SNP) and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> <li>• Providers with an agreement with us are “in-network.” You must use the providers in UnitedHealthcare Dual Complete ONE (HMO D-SNP)’s network.</li> <li>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UnitedHealthcare Dual Complete ONE (HMO D-SNP)’s network.</li> </ul> <p>To find out if your providers are in the plan’s network, call Customer Service or read UnitedHealthcare Dual Complete ONE (HMO D-SNP)’s <b>Provider and Pharmacy Directory</b>. You can also visit our website at <b>UHCCommunityPlan.com</b> for the most current listing.</p>
<p><b>What is a Care Coordinator?</b></p>	<p>A Care Coordinator is your main contact person at our plan. Your Care Coordinator will work with you and with your providers to make sure you get the health care services you need.</p>

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## Frequently Asked Questions

	Answers
<b>What happens if I need a service but no one in UnitedHealthcare Dual Complete ONE (HMO D-SNP)'s network can provide it?</b>	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, UnitedHealthcare Dual Complete ONE (HMO D-SNP) will pay for the cost of an out-of-network provider.
<b>Where is UnitedHealthcare Dual Complete ONE (HMO D-SNP) available?</b>	The service area for this plan includes: Accomack, Albemarle, Alexandria City, Alleghany, Amelia, Amherst, Appomattox, Arlington, Augusta, Bath, Bedford, Bland, Botetourt, Bristol City, Brunswick, Buchanan, Buckingham, Buena Vista City, Campbell, Caroline, Carroll, Charles City, Charlotte, Charlottesville City, Chesapeake City, Chesterfield, Clarke, Colonial Heights City, Covington City, Craig, Cumberland, Danville City, Dickenson, Dinwiddie, Emporia City, Essex, Fairfax City, Fairfax, Falls Church City, Fauquier, Floyd, Fluvanna, Franklin City, Franklin, Frederick, Fredericksburg City, Galax City, Giles, Gloucester, Goochland, Grayson, Greene, Greensville, Halifax, Hampton City, Hanover, Harrisonburg City, Henrico, Henry, Highland, Hopewell City, Isle of Wight, James City, King and Queen, King George, King William, Lancaster, Lee, Lexington City, Loudoun, Louisa, Lunenburg, Lynchburg City, Madison, Martinsville City, Manassas City, Manassas Park City, Mathews, Mecklenburg, Middlesex, Montgomery, Nelson, New Kent, Newport News City, Norfolk City, Northampton, Northumberland, Norton City, Nottoway, Orange, Page, Patrick, Petersburg City, Pittsylvania, Portsmouth City, Poquoson City, Powhatan, Prince Edward, Prince George, Prince William, Pulaski, Radford City, Rappahannock, Richmond, Richmond City, Roanoke, Roanoke City, Rockbridge, Rockingham, Russell, Salem City, Scott, Shenandoah, Smyth, Southampton, Spotsylvania, Stafford, Staunton City, Suffolk City, Surry, Sussex, Tazewell, Virginia Beach City, Warren, Washington, Waynesboro City, Westmoreland, Williamsburg City, Winchester City, Wise, Wythe, York Counties, VA. You must live in one of these areas to join the plan.

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## Frequently Asked Questions

	Answers
<b>What is prior authorization?</b>	<p>Prior authorization means that you must get approval from UnitedHealthcare Dual Complete ONE (HMO D-SNP) before UnitedHealthcare Dual Complete ONE (HMO D-SNP) will cover a specific service, item, or drug or out-of-network provider. UnitedHealthcare Dual Complete ONE (HMO D-SNP) may not cover the service, item or drug if you don't get prior approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first. UnitedHealthcare Dual Complete ONE (HMO D-SNP) can provide you with a list of services or procedures that require you to get prior authorization from UnitedHealthcare Dual Complete ONE (HMO D-SNP) before the service is provided.</p> <p>See Chapter 3 of the <b>Evidence of Coverage</b> to learn more about prior authorization. See the Benefits Chart in Chapter 4 of the <b>Evidence of Coverage</b> to learn which services require a prior authorization.</p>
<b>Do I pay a monthly amount (also called a premium) under UnitedHealthcare Dual Complete ONE (HMO D-SNP)?</b>	<p>No. You will not pay any monthly premiums to UnitedHealthcare Dual Complete ONE (HMO D-SNP) for your health coverage.</p> <p>Additionally, Medicaid will pay your Medicare Part B premium for you.</p>
<b>Do I pay a deductible as a member of UnitedHealthcare Dual Complete ONE (HMO D-SNP)?</b>	<p>No. You do not pay deductibles in UnitedHealthcare Dual Complete ONE (HMO D-SNP).</p>
<b>What is the maximum out-of-pocket amount that I will pay for medical services as a member of UnitedHealthcare Dual Complete ONE (HMO D-SNP)?</b>	<p>There is no cost sharing for medical services in UnitedHealthcare Dual Complete ONE (HMO D-SNP), so your annual out-of-pocket costs will be \$0. Members who get MLTSS, including skilled and custodial nursing facility and CCC Plus Waiver Services, may have a monthly patient pay amount as determined by the Department of Social Services.</p>

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## Frequently Asked Questions

	Answers
<p><b>Who should I contact if I have questions or need help?</b></p>	<p><b>If you have general questions or questions about our plan, services, service area, billing, or member cards, call UnitedHealthcare Dual Complete ONE (HMO D-SNP) Customer Service:</b></p> <p><b>CALL</b> 1-844-368-7151 Calls to this number are free. 8 a.m. – 8 p.m., 7 Days from October – March; Monday - Friday from April – September. Customer Service also has free language interpreter services available for people who do not speak English.</p> <p><b>TTY</b> 711 Calls to this number are free. 8 a.m. – 8 p.m., 7 Days from October – March; Monday – Friday from April – September.</p> <p><b>If you have questions about your health, call the NurseLine:</b></p> <p><b>CALL</b> 1-877-440-9407 Calls to this number are free. 24 hours a day, 7 days a week.</p> <p><b>TTY</b> 711 Calls to this number are free. 24 hours a day, 7 days a week.</p> <p><b>If you need immediate behavioral health services, call the Behavioral Health Crisis Line:</b></p> <p><b>CALL</b> 1-844-368-7151 Calls to this number are free. 8 a.m. – 8 p.m., 7 Days from October – March; Monday – Friday from April – September.</p> <p><b>TTY</b> 711 Calls to this number are free. 8 a.m. – 8 p.m., 7 Days from October – March; Monday – Friday from April – September.</p>

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## C. Overview of Services

The following chart is a quick overview of what services you may need and rules about the benefits.

The **Summary of Benefits** is provided for informational purposes only. For more information about your benefits, you can read the UnitedHealthcare Dual Complete ONE (HMO D-SNP) **Evidence of Coverage**. If you have questions, you can also call UnitedHealthcare Dual Complete ONE (HMO D-SNP) Customer Service.

### Health need or problem

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
<b>You need hospital care</b>	Hospital stay	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission.
	Doctor or surgeon care	\$0	Your provider may need to obtain prior authorization for services.
	Outpatient hospital services (including outpatient treatment by a doctor or a surgeon)	\$0	Your provider may need to obtain prior authorization for services.
	Ambulatory surgical center (ASC) services	\$0	Your provider may need to obtain prior authorization for services.

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**Health need or problem**

	<b>Services you may need</b>	<b>Your costs for in-network providers</b>	<b>Limitations, exceptions, &amp; benefit information (rules about benefits) – services must be medically necessary</b>
<b>You want to see a health care provider</b>	Doctor visits (including visits to PCPs and specialists)	\$0	
	Visits to treat an injury or illness	\$0	Your provider may need to obtain prior authorization for services.
	Preventive care (care to keep you from getting sick, such as flu shots and other immunizations)	\$0	Your provider may need to obtain prior authorization for services.
	Wellness visits, such as a physical	\$0	
	“Welcome to Medicare” preventive visit (one time only)	\$0	
<b>You need emergency care tests</b>	Emergency room services	\$0	You may go to any emergency room if you reasonably believe you need emergency care. You do not need prior authorization, and you do not have to be in-network. Emergency room services are covered outside of the U.S. and its territories except under certain circumstances. Contact the plan for details.

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**Health need or problem**

	<b>Services you may need</b>	<b>Your costs for in-network providers</b>	<b>Limitations, exceptions, &amp; benefit information (rules about benefits) – services must be medically necessary</b>
<b>You need emergency care tests</b>	Urgently needed services	\$0	Urgently needed services are not emergency care. You do not need prior authorization and you do not have to be in-network. Urgently needed care services are covered outside the U.S. and its territories except under certain circumstances. Contact the plan for details.
<b>You need medical tests</b>	Lab tests, such as blood work	\$0	Your provider may need to obtain prior authorization for services.
	X-rays or other pictures, such as CAT scans	\$0	Your provider may need to obtain prior authorization for services.
	Screenings, such as tests to check for cancer	\$0	Your provider may need to obtain prior authorization for services.
<b>You need hearing/auditory services</b>	Hearing and balance tests to find out if you need medical treatment	\$0	1 routine hearing exam every year. Your provider may need to obtain prior authorization for services. Routine hearing exams do not require authorization.
	Hearing screenings and hearing aids	\$0	For members under 21 years of age. \$3,600 credit for hearing aids, up to 2 hearing aids every 2 years. Your provider may need to obtain prior authorization for services.

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**Health need or problem**

	<b>Services you may need</b>	<b>Your costs for in-network providers</b>	<b>Limitations, exceptions, &amp; benefit information (rules about benefits) – services must be medically necessary</b>
<b>You need dental care</b>	Dental check-ups and preventive care	\$0 copay for exams, cleanings, x-rays, and fluoride  \$0 copay for comprehensive dental services	\$3,000 limit on all covered dental services
	Restorative and emergency dental care	\$0	Your provider may need to obtain prior authorization for services.
<b>You need eye care</b>	Vision services (including annual eye exams)	\$0	1 routine eye exam every year. Your provider may need to obtain prior authorization for services. Routine eye exams do not require authorization.
	Glasses or contact lenses	\$0	\$225 credit per year for lenses/frames and contacts
	Other vision care (including diagnosis and treatment for diseases and conditions of the eye)	\$0	Your provider may need to obtain prior authorization for services.

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**Health need or problem**

	<b>Services you may need</b>	<b>Your costs for in-network providers</b>	<b>Limitations, exceptions, &amp; benefit information (rules about benefits) – services must be medically necessary</b>
<b>You have a mental health condition</b>	Mental or behavioral health services	\$0	Your provider may need to obtain prior authorization for services.
	Inpatient and outpatient care and community-based services for people who need mental health care <b>(Note: Call Customer Service or read the Evidence of Coverage for detailed services or more information.)</b>	\$0	Your provider may need to obtain prior authorization for services.
<b>You have a substance use disorder</b>	Substance use disorder services <b>(Note: Call Customer Service or read the Evidence of Coverage for detailed services or more information.)</b>	\$0	Your provider may need to obtain prior authorization for services.
<b>You need a place to live with people available to help you</b>	Skilled nursing care	\$0	Your provider may need to obtain prior authorization for services.
	Nursing home care	\$0	Your provider may need to obtain prior authorization for services.
<b>You need therapy after a stroke or accident</b>	Occupational, physical, or speech therapy	\$0	Your provider may need to obtain prior authorization for services.

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**Health need or problem**

	<b>Services you may need</b>	<b>Your costs for in-network providers</b>	<b>Limitations, exceptions, &amp; benefit information (rules about benefits) – services must be medically necessary</b>
<b>You need help getting to health services</b>	Ambulance services	\$0	Authorization is required for Non-emergency Medicare covered ambulance ground and air transportation.
	Emergency transportation	\$0	Available worldwide and within the U.S and its territories without authorization.
	Non-emergency transportation	\$0	Your provider may need to obtain prior authorization for services.
<b>You need drugs to treat your illness or condition</b>	Medicare Part B prescription drugs (including those given by your provider in his or her office, some oral anti-cancer drugs, and some drugs used with certain medical equipment)	\$0	Read the <b>Evidence of Coverage</b> for more information on these drugs. Your provider may need to obtain prior authorization for services.
	Generic drugs (no brand name)	\$0	There may be limitations on the types of drugs covered. See UnitedHealthcare Dual Complete ONE (HMO D-SNP)'s <b>List of Covered Drugs</b> (Drug List) for more information.  An extended day supply is only available at a subset of the retail pharmacy network.  Contact the Plan for details.

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**Health need or problem**

	<b>Services you may need</b>	<b>Your costs for in-network providers</b>	<b>Limitations, exceptions, &amp; benefit information (rules about benefits) – services must be medically necessary</b>
<b>You need drugs to treat your illness or condition</b> (continued)	Brand name drugs	\$0	There may be limitations on the types of drugs covered. See UnitedHealthcare Dual Complete ONE (HMO D-SNP)'s <b>List of Covered Drugs</b> (Drug List) for more information.  An extended day supply is only available at a subset of the retail pharmacy network.  Contact the Plan for details.
	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered. See UnitedHealthcare Dual Complete ONE (HMO D-SNP)'s <b>List of Covered Drugs</b> (Drug List) for more information.
<b>You need help getting better or have special health needs</b>	Rehabilitation services	\$0	Your provider may need to obtain prior authorization for services.
	Dialysis services	\$0	Your provider may need to obtain prior authorization for services.
<b>You need foot care</b>	Podiatry services (including routine exams)	\$0	Four routine foot care visits every year. Your provider may need to obtain prior authorization for services.
	Orthotic services	\$0	Your provider may need to obtain prior authorization for services.

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## Health need or problem

	<b>Services you may need</b>	<b>Your costs for in-network providers</b>	<b>Limitations, exceptions, &amp; benefit information (rules about benefits) – services must be medically necessary</b>
<b>You need durable medical equipment (DME) or supplies</b>	Wheelchairs, crutches, walkers, nebulizers, and oxygen equipment and supplies  ( <b>Note:</b> This is not a complete list of covered DME or supplies. Call Customer Service or read the <b>Evidence of Coverage</b> for more information.)	\$0	Your provider may need to obtain prior authorization for services.
<b>You need help living at home</b>	Home health services	\$0	Your provider may need to obtain prior authorization for services.
	Adult day health or other MLTSS	\$0  You may have a monthly patient pay amount as determined by the Department of Social Services.	UnitedHealthcare Dual Complete ONE (HMO D-SNP) provides these services if you are found to be eligible through the MLTSS screening process.  Your provider may need to obtain prior authorization for services.

**If you have questions**, call UnitedHealthcare Dual Complete ONE (HMO D-SNP) Customer Service at **1-844-368-7151**, TTY **711**, 8 a.m. – 8 p.m., 7 Days from October – March; Monday – Friday from April – September. The call is free. **For more information**, visit [www.UHCCommunityPlan.com](http://www.UHCCommunityPlan.com).

**Health need or problem**

	<b>Services you may need</b>	<b>Your costs for in-network providers</b>	<b>Limitations, exceptions, &amp; benefit information (rules about benefits) – services must be medically necessary</b>
<b>Additional covered services</b>	Diabetes supplies and Services	\$0	<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.</p>
	Fitness program through Renew Active™	\$0	<p>Renew Active provides a standard gym membership to an extensive network of fitness locations nationwide, plus a personalized fitness plan, online fitness classes, and an online brain health program all at no cost to you.</p> <p>With your fitness benefit you also get a Fitbit activity tracker at no cost to you.</p>
	Over-the-Counter (OTC) Products Card	\$0	<p>\$500 credit per quarter to use on approved health products from network retail locations. Order online, over the phone, or by mail through your Health &amp; Wellness Products Catalog.</p>

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**Health need or problem**

	<b>Services you may need</b>	<b>Your costs for in-network providers</b>	<b>Limitations, exceptions, &amp; benefit information (rules about benefits) – services must be medically necessary</b>
<b>Additional covered services</b> (continued)	Healthy Foods Benefit	\$0	\$55 credit per month to spend on healthy food items such as vegetables, fruit, grains, milk, meats and more.
	In-Home Support Services	\$0	Members with disabilities or other qualified medical conditions may be eligible for up to 20 hours per month of in-home support services.
	Meal Benefit	\$0	Meals provided 1 time per calendar year immediately after an inpatient hospital or skilled nursing facility stay.  Your provider may need to obtain prior authorization for services.
	Nurseline	\$0	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.
	Personal Emergency Response System	\$0	Help is only a button press away. A PERS monitoring device that can help provide you with the confidence of knowing that in any emergency situation you can get help quickly, 24 hours a day at no additional cost.
	Routine Acupuncture	\$0	12 acupuncture visits per year  Your provider may need to obtain prior authorization for services.

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**Health need or problem**

	<b>Services you may need</b>	<b>Your costs for in-network providers</b>	<b>Limitations, exceptions, &amp; benefit information (rules about benefits) – services must be medically necessary</b>
<b>Additional covered services</b> (continued)	Routine chiropractic care	\$0	12 chiropractic visits per year Your provider may need to obtain prior authorization for services.
	Routine Transportation	\$0	Unlimited one-way trips per year to or from approved locations
	Virtual medical visits	\$0	Speak to network telehealth providers using your computer or mobile device.
	Virtual mental health visits	\$0	Speak to network telehealth providers using your computer or mobile device.

**If you have questions**, call UnitedHealthcare Dual Complete ONE (HMO D-SNP) Customer Service at **1-844-368-7151**, TTY **711**, 8 a.m. – 8 p.m., 7 Days from October – March; Monday – Friday from April – September. The call is free. **For more information**, visit [www.UHCCommunityPlan.com](http://www.UHCCommunityPlan.com).

## D. Benefits covered outside of UnitedHealthcare Dual Complete ONE (HMO D-SNP)

This is not a complete list. Call Customer Service to find out about other services not covered by UnitedHealthcare Dual Complete ONE (HMO D-SNP) but available through Medicaid fee-for-service.

### Other services covered directly by Medicaid fee-for-service

	Your costs
Developmental disability support coordination	\$0
Transportation to Building Independence (BI), Community Living (CL), and Family and Individual Supports (FIS) waiver services	\$0

## E. Services that UnitedHealthcare Dual Complete ONE (HMO D-SNP), Medicare, and Medicaid do not cover

This is not a complete list. Call Customer Service or read the **Evidence of Coverage** to find out about other excluded services.

Services that UnitedHealthcare Dual Complete ONE (HMO D-SNP), Medicare, and Medicaid do not cover	
Services not considered “reasonable and necessary” according to standards of Medicare and Medicaid	Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study
Surgical treatment for morbid obesity except when medically necessary	LASIK surgery

**If you have questions**, call UnitedHealthcare Dual Complete ONE (HMO D-SNP) Customer Service at **1-844-368-7151**, TTY **711**, 8 a.m. – 8 p.m., 7 Days from October – March; Monday – Friday from April – September. The call is free. **For more information**, visit [www.UHCCommunityPlan.com](http://www.UHCCommunityPlan.com).

## **F. Your rights and responsibilities as a member of the plan**

As a member of UnitedHealthcare Dual Complete ONE (HMO D-SNP), you have certain rights concerning your health care. You also have certain responsibilities to the health care providers who are taking care of you. Regardless of your health condition, you cannot be refused medically necessary treatment. You can use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, read the **Evidence of Coverage**.

### **Your rights include, but are not limited to, the following:**

- **You have a right to respect, fairness and dignity.** This includes the right to:
  - Get covered services without concern about race, ethnicity, national origin, color, religion, creed, sex (including sex stereotypes and gender identity), age, health status, mental, physical, or sensory disability, sexual orientation, genetic information, ability to pay, or ability to speak English. No health care provider should engage in any practice, with respect to any member that constitutes unlawful discrimination under any state or federal law or regulation.
  - Ask for and get information in other formats (for example, large print, braille, audio) free of charge
  - Be free from any form of physical restraint or seclusion
  - Not be billed by network providers
  - Have your questions and concerns answered completely and courteously
  - Apply your rights freely without any negative effect on the way UnitedHealthcare Dual Complete ONE (HMO D-SNP) or your provider treats you
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options, regardless of cost or benefit coverage. This information should be in a format and language you can understand. These rights include getting information on:
  - UnitedHealthcare Dual Complete ONE (HMO D-SNP)
  - The services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and Care Coordinators
  - Your rights and responsibilities

**If you have questions**, call UnitedHealthcare Dual Complete ONE (HMO D-SNP) Customer Service at **1-844-368-7151**, TTY **711**, 8 a.m. – 8 p.m., 7 Days from October – March; Monday – Friday from April – September. The call is free. **For more information**, visit **[www.UHCCommunityPlan.com](http://www.UHCCommunityPlan.com)**.

- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP). You can change your PCP at any time during the year. You can call 1-844-368-7151 if you want to change your PCP.
  - See a women’s health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they are covered
  - Refuse treatment as far as the law allows, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion about any health care that your PCP or your Interdisciplinary Care Team (ICT) advises you to have. UnitedHealthcare Dual Complete ONE (HMO D-SNP) will pay for the cost of your second opinion visit.
  - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider’s office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act.
  - Have interpreters to help with communication with your doctors, other providers, and your health plan. Call 1-844-368-7151 if you need help with this service.
  - Have your **Evidence of Coverage** and any printed materials from UnitedHealthcare Dual Complete ONE (HMO D-SNP) translated into your primary language, and/or to have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
  - Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience, or retaliation.
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency and urgent care services, 24 hours a day, 7 days a week, without prior approval
  - See an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private. No personal health information will be released to anyone without your consent, unless required by law.

**If you have questions,** call UnitedHealthcare Dual Complete ONE (HMO D-SNP) Customer Service at **1-844-368-7151**, TTY **711**, 8 a.m. – 8 p.m., 7 Days from October – March; Monday – Friday from April – September. The call is free. **For more information,** visit **[www.UHCCommunityPlan.com](http://www.UHCCommunityPlan.com)**.

- Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - Access an easy process to voice your concerns, and to expect follow-up by UnitedHealthcare Dual Complete ONE (HMO D-SNP)
  - File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers.
  - Ask for a state Appeal (Fair Hearing)
  - Get a detailed reason why services were denied

### **Your responsibilities include, but are not limited to, the following:**

- **You have a responsibility to treat others with respect, fairness and dignity.** You should:
  - Treat your health care providers with dignity and respect
  - Keep appointments, be on time, and call in advance if you're going to be late or have to cancel
- **You have the responsibility to give information about you and your health.** You should:
  - Tell your health care provider your health complaints clearly and provide as much information as possible
  - Tell your health care provider about yourself and your health history
  - Tell your health care provider that you are a UnitedHealthcare Dual Complete ONE (HMO D-SNP) member
  - Talk to your PCP, Care Coordinator, or other appropriate person about seeking the services of a specialist before you go to a hospital (except in cases of emergency)
  - Tell your PCP, Care Coordinator, or other appropriate person within 24 hours of any emergency or out-of-network treatment
  - Notify UnitedHealthcare Dual Complete ONE (HMO D-SNP) Customer Service if there are any changes in your personal information, such as your address or phone number
- **You have the responsibility to make decisions about your care, including refusing treatment.** You should:
  - Learn about your health problems and any recommended treatment, and consider the treatment before it's performed
  - Partner with your ICT and work out treatment plans and goals together
  - Follow the instructions and plans for care that you and your health care provider have agreed to, and remember that refusing treatment recommended by your health care provider might harm your health

**If you have questions,** call UnitedHealthcare Dual Complete ONE (HMO D-SNP) Customer Service at **1-844-368-7151**, TTY **711**, 8 a.m. – 8 p.m., 7 Days from October – March; Monday – Friday from April – September. The call is free. **For more information,** visit **[www.UHCCCommunityPlan.com](http://www.UHCCCommunityPlan.com)**.



- **You have the responsibility to obtain your services from UnitedHealthcare Dual Complete ONE (HMO D-SNP).** You should:

- Get all your health care from UnitedHealthcare Dual Complete ONE (HMO D-SNP), except in cases of emergency, urgent care, out-of-area dialysis services, or family planning services, unless UnitedHealthcare Dual Complete ONE (HMO D-SNP) provides a prior authorization for out-of-network care
- Not allow anyone else to use your UnitedHealthcare Dual Complete ONE (HMO D-SNP) Member ID Card to obtain healthcare services
- Notify UnitedHealthcare Dual Complete ONE (HMO D-SNP) when you believe that someone has purposely misused UnitedHealthcare Dual Complete ONE (HMO D-SNP) benefits or services

For more information about your rights, you can read the UnitedHealthcare Dual Complete ONE (HMO D-SNP) **Evidence of Coverage**. If you have questions, you can also call UnitedHealthcare Dual Complete ONE (HMO D-SNP) Customer Service.

**If you have questions**, call UnitedHealthcare Dual Complete ONE (HMO D-SNP) Customer Service at **1-844-368-7151**, TTY **711**, 8 a.m. – 8 p.m., 7 Days from October – March; Monday – Friday from April – September. The call is free. **For more information**, visit **[www.UHCCommunityPlan.com](http://www.UHCCommunityPlan.com)**.

## G. How to file a complaint or appeal a denied service

If you have a complaint or think UnitedHealthcare Dual Complete ONE (HMO D-SNP) should cover something we denied, call UnitedHealthcare Dual Complete ONE (HMO D-SNP) at 1-844-368-7151. You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the UnitedHealthcare Dual Complete ONE (HMO D-SNP) **Evidence of Coverage**. You can also call UnitedHealthcare Dual Complete ONE (HMO D-SNP) Customer Service.

**You can also write us a letter about your grievance (complaint) or appeal.**

**For complaints/grievances or medical appeals:**

UnitedHealthcare Appeals and Grievances  
Department  
P.O. Box 6106, MS CA124-0187  
Cypress, CA 90630-0023

**For Part D or Medicaid drug appeals only:**

UnitedHealthcare Part D Appeal and Grievance  
Department  
P.O. Box 6106, MS CA124-0197  
Cypress, CA 90630-0023

## H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital, or other pharmacy is doing something wrong, contact us.

- Call us at UnitedHealthcare Dual Complete ONE (HMO D-SNP) Customer Service, 1-844-368-7151, TTY 711, 8 a.m. – 8 p.m., 7 Days from October – March; Monday – Friday from April – September.
- Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Call Virginia's Medicaid Fraud Control Unit at 1-800-371-0824 or 1-804-371-0779. You can also email us at [MFCU\\_mail@oag.state.va.us](mailto:MFCU_mail@oag.state.va.us).

**If you have questions**, call UnitedHealthcare Dual Complete ONE (HMO D-SNP) Customer Service at **1-844-368-7151**, TTY **711**, 8 a.m. – 8 p.m., 7 Days from October – March; Monday – Friday from April – September. The call is free. **For more information**, visit [www.UHCCommunityPlan.com](http://www.UHCCommunityPlan.com).

# Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service Representative at the number listed on the back cover of this book.

## Understanding the Benefits

- ✓ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Call us or go online to view a copy of the EOC. Our phone number and website are listed on the back cover of this book.
- ✓ Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. 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

- ✓ Benefits 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.