Summary of Benefits 2023

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

Look inside to take advantage of the health services and drug coverages the plan provides. Call Member Services or go online for more information about the plan.

Toll-free **1-844-368-7151,** TTY **711**
8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September

UHCCommunityPlan.com

United Healthcare
Dual Complete

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Introduction

This document is a brief summary of the benefits and services covered by UnitedHealthcare Dual Complete® ONE (HMO-POS 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-POS D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the **Evidence of Coverage**.

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If you have questions, call UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP) Member Services at **1-844-368-7151,** TTY **711,** 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. **For more information**, visit **UHCCommunityPlan.com.**

A. Disclaimers

This is a summary of health services covered by UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP) for January 1, 2023–December 31, 2023. This is only a summary. Read the **Evidence of Coverage** for the full list of benefits.

- UnitedHealthcare Dual Complete® ONE (HMO-POS 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 (HMO-POS D-SNP) depends on contract renewal. This plan is available to anyone who has both Medicare and full Virginia Medicaid benefits.
- This information is not a complete description of benefits. Contact the plan for more information. Limitations and exclusions may apply.
- Benefits, features and/or devices vary by plan/area. Limitations and exclusions may apply.
- UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP) is 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.
- Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at **medicare.gov** or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.
- The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.
- We provide free services to help you communicate with us such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card.
- ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.
- 請注意：如果您說中文(Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼
- Choose one device from approved select models every 2 years. Devices may vary by plan/area. Limitations and exclusions apply. Fitbit, the Fitbit logo, and related marks and logos are trademarks of Google LLC and/or its affiliates.
- Benefits may change on January 1 of each year.
- Premiums are covered for enrollees of UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP).

If you have questions, call UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP) Member Services at **1-844-368-7151,** TTY **711,** 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. **For more information**, visit **UHCCommunityPlan.com.**

- We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact **medicare.gov** or **1-800-MEDICARE** to get information on all of your options.
- You can call Member Services and ask us to make a note in our system that you would like materials in Spanish, large print, braille, or audio now and in the future.
- The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.
- OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at **1-877-266-4832,** TTY **711.**
- Participation in the Renew Active® program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other offerings. Fitness membership equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, discounts, classes, events, and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services 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. Access to gym and fitness location network may vary by location and plan.
- 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.

B. Frequently asked questions

The following chart lists frequently asked questions.

Frequently asked questions

	Answers
What is a Dual Eligible Special Needs Plan (D-SNP)?	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.
What is Commonwealth Coordinated Care Plus (CCC Plus)?	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.
What are Managed Long-Term Services and Supports (MLTSS)?	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-POS D-SNP) provides MLTSS as part of your CCC Plus benefits if you are found to be eligible through the MLTSS screening process.

Frequently asked questions

	Answers
Will I get the same Medicare and Medicaid benefits in UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP) that I get now?	If you are coming to UnitedHealthcare Dual Complete® ONE (HMO-POS 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-POS D-SNP). When you enroll in UnitedHealthcare Dual Complete® ONE (HMO-POS 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. If you are taking any Medicare Part D prescription drugs that UnitedHealthcare Dual Complete® ONE (HMO-POS 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-POS D-SNP) to cover your drug if medically necessary.
Can I go to the same health care providers I see now?	That is often the case. If your providers (including doctors, therapists, pharmacies, and other health care providers) work with UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP) and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in-network." You must use the providers in UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP)'s network. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP)'s network. To find out if your providers are in the plan's network, call Member Services or read UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP)'s **Provider and Pharmacy Directory**. You can also visit our website at **UHCCommunityPlan.com** for the most current listing.
What is a Care Coordinator?	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.

Frequently asked questions

	Answers
What happens if you need a service but no one in UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP)'s network can provide it?	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-POS D-SNP) will pay for the cost of an out-of-network provider.
Where is UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP) available?	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.

Frequently asked questions

	Answers
What is prior authorization?	Prior authorization means that you must get approval from UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP) before UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP) will cover a specific service, item, or drug or out-of-network provider. UnitedHealthcare Dual Complete® ONE (HMO-POS 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-POS 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-POS D-SNP) before the service is provided. See Chapter 3 of the **Evidence of Coverage** to learn more about prior authorization. See the Medical Benefits Chart in Chapter 4 of the **Evidence of Coverage** to learn which services require a prior authorization.
Do I pay a monthly amount (also called a premium) under UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP)?	No. You will not pay any monthly premiums to UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP) for your health coverage. Additionally, Medicaid will pay your Medicare Part B premium for you.
Do I pay a deductible as a member of UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP)?	No. You do not pay deductibles in UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP).
What is the maximum out-of-pocket amount that I will pay for medical services as a member of UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP)?	There is no cost sharing for medical services in UnitedHealthcare Dual Complete® ONE (HMO-POS 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.

Frequently asked questions

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

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-POS D-SNP) **Evidence of Coverage**. If you have questions, you can also call UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP) Member Services.

Health need or problem

	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need hospital care	Hospital stay	$0	Except in an emergency, your health care provider must tell the plan of your hospital admission. Your provider may need to obtain prior authorization for services.
	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	
	Ambulatory surgical center (ASC) services	$0	Your provider may need to obtain prior authorization for services.

Health need or problem

	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You want to see a health care provider	Doctor visits (including visits to PCPs and specialists)	$0	Your provider may need to obtain prior authorization for services.
	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, COVID-19, or other immunizations)	$0	
	Wellness visits, such as a physical	$0	
	"Welcome to Medicare" preventive visit (one time only)	$0	
You need emergency care (this service is continued on the next page)	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. Worldwide coverage is available for the same copay. Contact the plan for details.

Health need or problem

	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need emergency care (continued)	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. Worldwide coverage is available for the same copay. Contact the plan for details.
You need medical tests	Lab tests, such as blood work	$0	Your provider may need to obtain prior authorization for services.
	X-rays or other picures, 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.

Health need or problem

	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need hearing/auditory services	Hearing and balance tests to find out if you need medical treatment	$0	
	Hearing screenings and hearing aids	$0	1 routine hearing exam per year Plan pays up to $3,600 every year for 2 hearing aids through UnitedHealthcare Hearing. Includes hearing aids delivered directly to you with virtual follow-up care through Right2You (select models), through UnitedHealthcare Hearing. Your provider may need to obtain prior authorization for services.
You need dental care	Dental check-ups and preventive care	$0	Exams, cleanings, X-rays, fluoride, and comprehensive dental services are covered. $3,000 limit on all covered dental services.
	Restorative and emergency dental care	$0	Your provider may need to obtain prior authorization for services.
You need eye care	Routine eye exam	$0	1 every year
	Routine eyewear	$0	$400 credit 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

	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You have a mental health condition	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 (**Note**: Call Member Services or read the **Evidence of Coverage** for detailed services or more information.)	$0	Your provider may need to obtain prior authorization for services.
You have a substance use disorder	Substance use disorder services (**Note**: Call Member Services or read the **Evidence of Coverage** for detailed services or more information.)	$0	Your provider may need to obtain prior authorization for services.
You need a place to live with people available to help you	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.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Your provider may need to obtain prior authorization for services.

Health need or problem

	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need help getting to health services	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.
You need drugs to treat your illness or condition (this service is continued on the next page)	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 **Evidence of Coverage** 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-POS D-SNP)'s **List of Covered Drugs** (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.

Health need or problem

	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Brand name drugs	$0	There may be limitations on the types of drugs covered. See UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP)'s **List of Covered Drugs** (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-POS D-SNP)'s **List of Covered Drugs** (Drug List) for more information.
You need help getting better or have special health needs	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.
You need foot care	Podiatry services (including routine exams)	$0	4 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.

Health need or problem

	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need durable medical equipment (DME) or supplies	Wheelchairs, crutches, walkers, nebulizers, and oxygen equipment and supplies (**Note:** This is not a complete list of covered DME or supplies. Call Member Services or read the **Evidence of Coverage** for more information.)	$0	Your provider may need to obtain prior authorization for services.
You need help living at home	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-POS D-SNP) provides these services if you are found to be eligible through the MLTSS screening process. If you do not have UnitedHealthcare for your Medicaid services, please call your Medicaid insurance company for more information. Your provider may need to obtain prior authorization for services.

Health need or problem

	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Additional covered services (this service is continued on the next page)	Adult day care	$0	16 hours per week of adult day care through a network of contracted providers. You must obtain prior authorization from your health plan.
	Routine chiropractic care	$0	12 visits per year Your provider may need to obtain prior authorization for services.
	Diabetes supplies and services	$0	We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView. Other brands are not covered by your plan. Your provider may need to obtain prior authorization for services.

Health need or problem

	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Additional covered services (continued)	Fitness program	$0	Renew Active® includes a free gym membership at a location you select from our national network, plus a personalized fitness plan, online fitness classes, brain health challenges and 1 Fitbit® device. Choose one Fitbit device from approved select models every 2 years. Devices may vary by plan/area. Limitations and exclusions apply. Fitbit, the Fitbit logo, and related marks and logos are trademarks of Google LLC and/or its affiliates. Your provider may need to obtain prior authorization for services.
	Meal benefit	$0	28 home-delivered meals unlimited times per year after an inpatient hospitalization or skilled nursing facility (SNF) 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.

Health need or problem

	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Additional covered services (continued)	Over-the-counter (OTC) + Healthy food card	$0	$300 credit every month to pay for covered groceries, OTC products and certain utility bills
	Personal emergency response system	$0	Help is only a button press away. A PERS device can quickly connect you to the help you need, 24 hours a day in any situation. You must have a working landline and/or cellular phone coverage to use PERS. Your provider may need to obtain prior authorization for services.
	Respite care	$0	Members with disabilities or other qualified medical conditions may be eligible for up to 16 hours per month of respite care. You must obtain prior authorization from your health plan.
	Routine acupuncture	$0	12 visits per year.

Health need or problem

	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Additional covered services (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 to or from approved locations, such as medically related appointments, gyms, adult day cares and pharmacies
	Virtual medical visits	$0	Speak to network telehealth providers using your computer or mobile device. Virtual visits may require a video-enabled smartphone or other device. Not for use in emergencies.
	Virtual mental health visits	$0	Speak to network telehealth providers using your computer or mobile device. Virtual visits may require a video-enabled smartphone or other device. Not for use in emergencies.

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

This is not a complete list. Call Member Services to find out about other services not covered by UnitedHealthcare Dual Complete® ONE (HMO-POS 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-POS D-SNP), Medicare, and Medicaid do not cover

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

Services that UnitedHealthcare Dual Complete® ONE (HMO-POS 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

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

As a member of UnitedHealthcare Dual Complete® ONE (HMO-POS 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-POS 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-POS 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

- **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-POS 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-POS 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-POS D-SNP) Member Services at **1-844-368-7151,** TTY **711,** 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. **For more information**, visit **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-POS 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-POS 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-POS D-SNP) Member Services 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-POS D-SNP) Member Services at **1-844-368-7151,** TTY **711,** 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. **For more information**, visit **UHCCommunityPlan.com.**

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

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

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

If you have a complaint or think UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP) should cover something we denied, call UnitedHealthcare Dual Complete® ONE (HMO-POS 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-POS D-SNP) **Evidence of Coverage**. You can also call UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP) Member Services.

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

For complaints/grievances or medical appeals:

UnitedHealthcare Appeals and Grievance Department
P.O. Box 6103, 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 90630-0016

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-POS D-SNP) Member Services, **1-844-368-7151**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, 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**.

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