

Summary of Benefits 2021

Medicare Advantage Plan
with Prescription Drugs

UnitedHealthcare Dual Complete® Choice (PPO D-SNP)
H1889-002-001

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



**United
Healthcare®**
Dual Complete

Summary of Benefits

January 1st, 2021 - December 31st, 2021

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at www.UHCCCommunityPlan.com or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

About this plan.

UnitedHealthcare Dual Complete® Choice (PPO D-SNP) is a Medicare Advantage PPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed below, and be a United States citizen or lawfully present in the United States.

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and Medicaid. How much Medicaid covers depends on your income, resources and other factors. Some people get full Medicaid benefits. Some only get help to pay for certain Medicare costs, which may include premiums, deductibles, coinsurance, or copays.

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

- ☐ **Qualified Medicare Beneficiary Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance and copayment amounts. You pay nothing, except for Part D prescription drug copays.
- ☐ **Qualified Medicare Beneficiary (QMB):** You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance and copayment amounts only. You pay nothing, except for Part D prescription drug copays.
- ☐ **Qualified Disabled and Working Individual (QDWI):** Medicaid pays your Part A premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. There may be some services that do not have a member cost share amount.
- ☐ **Qualifying Individual (QI):** Medicaid pays your part B premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. You pay the cost share amounts listed in the chart below. There may be some services that do not have a member cost share amount.
- ☐ **Specified Low-Income Medicare Beneficiary (SLMB+):** Medicaid pays your Part B premium and provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from your state Medicaid agency in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

- **Specified Low-Income Medicare Beneficiary (SLMB):** Medicaid pays your Part B premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. There may be some services that do not have a member cost share amount.
- **Full Benefits Dual Eligible (FBDE):** Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the State Medicaid Office in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

If your category of Medicaid eligibility changes, your cost share may also increase or decrease. You must recertify your Medicaid enrollment to continue to receive your Medicare coverage.

Our service area includes these counties in:

Florida: Alachua, Baker, Bay, Bradford, Brevard, Calhoun, Citrus, Clay, Columbia, Dixie, Duval, Escambia, Flagler, Franklin, Gadsden, Gilchrist, Gulf, Hamilton, Hernando, Highlands, Hillsborough, Holmes, Indian River, Jackson, Jefferson, Lafayette, Lake, Leon, Levy, Liberty, Madison, Marion, Martin, Nassau, Okaloosa, Okeechobee, Orange, Osceola, Pasco, Pinellas, Polk, Putnam, Santa Rosa, Seminole, St. Johns, St. Lucie, Sumter, Suwannee, Taylor, Union, Volusia, Wakulla, Walton, Washington.

Use network providers and pharmacies.

UnitedHealthcare Dual Complete® Choice (PPO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. With this plan, you have the freedom to see any provider nationwide that accepts Medicare. Plus, you have the flexibility to access a network of local providers. You may pay a higher copay or coinsurance when you see an out-of-network provider. When looking at the following charts you'll see the cost differences for network vs. out-of-network care and services. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

You can go to www.UHCCommunityPlan.com to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered, and if there are any restrictions.

UnitedHealthcare Dual Complete® Choice (PPO D-SNP)

Premiums and Benefits

| | In-Network | Out-of-Network |
|---|---|--|
| Monthly Plan Premium | \$30.80 | |
| Annual Medical Deductible | Your deductible is \$198 per year for covered medical services you receive from providers as described in the Plan Deductible chart later in this document. Until you have paid the deductible amount, you must pay the full cost of your covered medical services. | |
| Maximum Out-of-Pocket Amount (does not include prescription drugs) | \$7,550 annually for Medicare-covered services you receive from in-network providers. | \$11,300 annually for Medicare-covered services you receive from any provider. |
| | <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and share of the cost for your Part D prescription drugs.</p> | |

UnitedHealthcare Dual Complete® Choice (PPO D-SNP)

Benefits

| | | In-Network | Out-of-Network |
|---|---|--|--|
| Inpatient Hospital² | | \$0 copay - \$1,400 copay per stay (or the 2021 Original Medicare amount, whichever is less). | 40% coinsurance per stay |
| | | Our plan covers an unlimited number of days for an inpatient hospital stay. | |
| Outpatient Hospital Cost sharing for additional plan covered services will apply. | Ambulatory Surgical Center (ASC) ² | \$0 copay for a diagnostic colonoscopy \$0 copay - 20% coinsurance otherwise | 40% coinsurance |
| | Outpatient Hospital, including surgery ² | \$0 copay for a diagnostic colonoscopy \$0 copay - 20% coinsurance otherwise | 40% coinsurance |
| | Outpatient Hospital Observation Services ² | \$0 copay - 20% coinsurance | 40% coinsurance |
| Doctor Visits | Primary Care Provider | \$0 copay | 40% coinsurance |
| | Specialists ² | \$0 copay - 20% coinsurance | 40% coinsurance |
| | Virtual Medical Visits | \$0 copay; Speak to network telehealth providers using your computer or mobile device. | |
| Preventive Care | Medicare-covered | \$0 copay | \$0 copay - 40% coinsurance (depending on the service) |
| | | Abdominal aortic aneurysm screening Alcohol misuse counseling Annual "Wellness" visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening | |

Benefits

| | | In-Network | Out-of-Network |
|---------------------------------|------------------|--|------------------------------|
| | | Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Vaccines, including flu shots, hepatitis B shots, pneumococcal shots “Welcome to Medicare” preventive visit (one-time) | |
| | | Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers. | |
| | Routine physical | \$0 copay; 1 per year* | 40% coinsurance; 1 per year* |
| Emergency Care | | \$0 copay - \$90 copay (\$0 copay for worldwide coverage) per visit If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital” section of this booklet for other costs. | |
| Urgently Needed Services | | \$0 copay - \$65 copay (\$0 copay for worldwide coverage) | |

Benefits

| | | In-Network | Out-of-Network |
|---|--|--|---|
| Diagnostic Tests, Lab and Radiology Services, and X-Rays | Diagnostic radiology services (e.g. MRI) ² | \$0 copay for each diagnostic mammogram \$0 copay - 20% coinsurance otherwise | 40% coinsurance |
| | Lab services ² | \$0 copay | \$0 copay |
| | Diagnostic tests and procedures ² | \$0 copay - 20% coinsurance | 40% coinsurance |
| | Therapeutic Radiology ² | \$0 copay - 20% coinsurance | 40% coinsurance |
| | Outpatient X-rays ² | \$0 copay - 20% coinsurance | 40% coinsurance |
| Hearing Services | Exam to diagnose and treat hearing and balance issues ² | \$0 copay | 40% coinsurance |
| | Routine hearing exam | \$0 copay; 1 per year* | 40% coinsurance; 1 per year* |
| | Hearing aid ² | \$2,500 allowance for hearing aids, up to 2 hearing aids every 2 years.* | \$2,500 allowance for home-delivered hearing aids available nationwide through UnitedHealthcare Hearing (select products only)* |
| Routine Dental Benefits | Preventive | \$0 copay for exams, cleanings, x-rays, and fluoride* | \$0 copay for exams, cleanings, x-rays, and fluoride* |
| | Comprehensive ² | \$0 copay for comprehensive dental services* | \$0 copay for comprehensive dental services* |
| | Benefit limit | \$3,000 limit on all covered dental services* | |

Benefits

| | | In-Network | Out-of-Network |
|-----------------|--|---|---|
| Vision Services | Exam to diagnose and treat diseases and conditions of the eye ² | \$0 copay | 40% coinsurance |
| | Eyewear after cataract surgery | \$0 copay | \$0 copay |
| | Routine eye exam | \$0 copay; 1 every year* | 40% coinsurance; 1 every year* |
| | Eyewear | \$0 copay; \$250 credit every year for up to two pairs of lenses and frames or contacts (if medically necessary)* | \$0 copay; \$250 credit every year for up to two pairs of lenses and frames or contacts (if medically necessary)* |
| Mental Health | Inpatient visit ² | \$0 copay - \$1,400 copay per stay (or the 2021 Original Medicare amount, whichever is less). | 40% coinsurance per stay |
| | | Our plan covers 90 days for an inpatient hospital stay. | |
| | Outpatient group therapy visit ² | \$0 copay - 20% coinsurance | 40% coinsurance |
| | Outpatient individual therapy visit ² | \$0 copay - 20% coinsurance | 40% coinsurance |
| | Virtual Mental Health Visits | \$0 copay; Speak to network telehealth providers using your computer or mobile device. | |

Benefits

| | | In-Network | Out-of-Network |
|--|---------------------------------|---|---|
| Skilled Nursing Facility (SNF)² (Stay must meet Medicare coverage criteria) | | You pay the Original Medicare cost sharing amount for 2021 which will be set by CMS in the fall of 2020. These are 2020 cost sharing amounts and may change for 2021. Our plan will provide updated rates as soon as they are released. \$0 copay up to: \$0 copay per day: for days 1-20 \$176 copay per day: for days 21-100 | 40% coinsurance per stay, up to 100 days |
| | | Our plan covers up to 100 days in a SNF. | |
| Physical therapy and speech and language therapy visit² | | \$0 copay - 20% coinsurance | 40% coinsurance |
| Ambulance² Your provider must obtain prior authorization for non-emergency transportation. | | \$0 copay - 20% coinsurance for ground \$0 copay - 20% coinsurance for air | 20% coinsurance for ground 20% coinsurance for air |
| Routine Transportation | | \$0 copay; 60 one-way trips per year to or from approved locations * | 75% coinsurance * |
| Medicare Part B Drugs Part B Drugs may be subject to Step Therapy. See Evidence of Coverage for details. | Chemotherapy drugs ² | \$0 copay - 20% coinsurance | 40% coinsurance |
| | Other Part B drugs ² | \$0 copay - 20% coinsurance | 40% coinsurance |

Prescription Drugs

| | |
|---|--|
| Annual Prescription Deductible | \$0 |
| 30-day or 90-day supply from retail network pharmacy | |
| All Covered Drugs | \$0 copay Some covered drugs limited to a 30-day supply |

Additional Benefits

| | | In-Network | Out-of-Network |
|--------------------------|--|--|--|
| Acupuncture | Medicare-covered acupuncture ² | \$0 copay for services provided by a primary care physician \$0 copay - 20% coinsurance for services provided by a specialist | 40% coinsurance for services provided by a primary care physician 40% coinsurance for services provided by a specialist |
| | Routine acupuncture | \$0 copay; 12 acupuncture visits per year* | 40% coinsurance; 12 acupuncture visits per year* |
| Chiropractic Care | Manual manipulation of the spine to correct subluxation ² | \$0 copay - 20% coinsurance | 40% coinsurance |
| | Routine chiropractic care | \$0 copay; 12 chiropractic visits per year* | 40% coinsurance; 12 chiropractic visits per year* |

Additional Benefits

| | | In-Network | Out-of-Network |
|---|--|--|-----------------|
| Diabetes Management | Diabetes monitoring supplies ² | <p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p> | 40% coinsurance |
| | Diabetes Self-management training | \$0 copay | 40% coinsurance |
| | Therapeutic shoes or inserts ² | \$0 copay - 20% coinsurance | 40% coinsurance |
| Durable Medical Equipment (DME) and Related Supplies | Durable Medical Equipment (e.g., wheelchairs, oxygen) ² | \$0 copay - 20% coinsurance | 40% coinsurance |
| | Prosthetics (e.g., braces, artificial limbs) ² | \$0 copay - 20% coinsurance | 40% coinsurance |
| Fitness program through Renew Active™ | | <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> | |

Additional Benefits

| | | In-Network | Out-of-Network |
|--|--|---|---|
| Foot Care (podiatry services) | Foot exams and treatment ² | \$0 copay - 20% coinsurance | 40% coinsurance |
| | Routine foot care | \$0 copay; for each visit up to 12 visits every year* | 40% coinsurance; for each visit up to 12 visits every year* |
| Meal Benefit² | | \$0 copay; Meals provided up to 2 times per calendar year immediately after an inpatient hospital or skilled nursing facility stay. | |
| Home Health Care² | | \$0 copay | \$0 copay |
| Hospice | | You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan. | |
| NurseLine | | Speak with a registered nurse (RN) 24 hours a day, 7 days a week | |
| Occupational Therapy Visit² | | \$0 copay - 20% coinsurance | 40% coinsurance |
| Opioid Treatment Program Services² | | \$0 copay | \$0 copay |
| Outpatient Substance Abuse | Outpatient group therapy visit ² | \$0 copay - 20% coinsurance | 40% coinsurance |
| | Outpatient individual therapy visit ² | \$0 copay - 20% coinsurance | 40% coinsurance |
| Over-the-Counter (OTC) Products Card | | \$265 credit per quarter to use on approved health products from network retail locations. Order online, over the phone, or by mail through your Health & Wellness Products Catalog. | |
| Healthy Food Benefit | | \$25 credit per month to spend on healthy food items such as vegetables, fruit, grains, milk, meats and more. | |
| Personal Emergency Response System | | 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. | |

Additional Benefits

| | In-Network | Out-of-Network |
|-----------------------------|-----------------------------|-----------------|
| Renal Dialysis ² | \$0 copay - 20% coinsurance | 20% coinsurance |

Services with a 2 may require your provider to obtain prior authorization from the plan for in-network benefits.

*Benefits are combined in and out-of-network

Plan Deductible

Your plan has a deductible for certain services. The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover.

The deductible applies to the following Medicare-covered benefit categories, unless otherwise specified.

Annual Medical Deductible

Your deductible is \$198 per year for covered medical services you receive from providers as described below. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.

Here's how it works:

1. You pay your plan's deductible in full; then,
2. You pay your copay or coinsurance; finally,
3. Your plan pays the rest.

The deductible applies in and out-of-network to the following Medicare-covered benefit categories, unless otherwise specified:

| In-Network | Out-of-Network |
|--|--|
| List of applicable services | List of applicable services |
| Outpatient Hospital <ul style="list-style-type: none"><input type="checkbox"/> Ambulatory Surgical Center (ASC), excluding diagnostic colonoscopy<input type="checkbox"/> Outpatient Hospital, including surgery, excluding diagnostic colonoscopy<input type="checkbox"/> Outpatient Hospital Observation Services | Outpatient Hospital <ul style="list-style-type: none"><input type="checkbox"/> Ambulatory Surgical Center (ASC)<input type="checkbox"/> Outpatient Hospital, including surgery<input type="checkbox"/> Outpatient Hospital Observation Services |
| Doctor Visits <ul style="list-style-type: none"><input type="checkbox"/> Primary<input type="checkbox"/> Specialists | Doctor Visits <ul style="list-style-type: none"><input type="checkbox"/> Primary<input type="checkbox"/> Specialists |
| Diagnostic Tests, Lab and Radiology Services, and X-Rays <ul style="list-style-type: none"><input type="checkbox"/> Diagnostic radiology services (e.g. MRI), excluding diagnostic mammogram<input type="checkbox"/> Lab services<input type="checkbox"/> Diagnostic tests and procedures<input type="checkbox"/> Therapeutic radiology<input type="checkbox"/> Outpatient X-rays | Diagnostic Tests, Lab and Radiology Services, and X-Rays <ul style="list-style-type: none"><input type="checkbox"/> Diagnostic radiology services (e.g. MRI)<input type="checkbox"/> Lab services<input type="checkbox"/> Diagnostic tests and procedures<input type="checkbox"/> Therapeutic radiology<input type="checkbox"/> Outpatient X-rays |
| Hearing Services | Hearing Services |

| | |
|---|---|
| <input type="checkbox"/> Exam to diagnose and treat hearing and balance issues | <input type="checkbox"/> Exam to diagnose and treat hearing and balance issues |
| Vision Services <input type="checkbox"/> Exam to diagnose and treat diseases and conditions of the eye <input type="checkbox"/> Eyewear after cataract surgery | Vision Services <input type="checkbox"/> Exam to diagnose and treat diseases and conditions of the eye <input type="checkbox"/> Eyewear after cataract surgery |
| Mental Health <input type="checkbox"/> Outpatient group therapy visit <input type="checkbox"/> Outpatient individual therapy visit | Mental Health <input type="checkbox"/> Outpatient group therapy visit <input type="checkbox"/> Outpatient individual therapy visit |
| Physical Therapy and Speech and Language Therapy Visit | Physical Therapy and Speech and Language Therapy Visit |
| Ambulance (All Non-emergency) | Ambulance (All Non-emergency) |
| Medicare Part B Drugs <input type="checkbox"/> Chemotherapy drugs <input type="checkbox"/> Other Part B drugs | Medicare Part B Drugs <input type="checkbox"/> Chemotherapy drugs <input type="checkbox"/> Other Part B drugs |
| Acupuncture <input type="checkbox"/> Medicare-covered acupuncture | Acupuncture <input type="checkbox"/> Medicare-covered acupuncture |
| Chiropractic Care <input type="checkbox"/> Manual manipulation of the spine to correct subluxation | Chiropractic Care <input type="checkbox"/> Manual manipulation of the spine to correct subluxation |
| Diabetes Management <input type="checkbox"/> Diabetes monitoring supplies <input type="checkbox"/> Therapeutic shoes or inserts | Diabetes Management <input type="checkbox"/> Diabetes monitoring supplies <input type="checkbox"/> Diabetes self-management training <input type="checkbox"/> Therapeutic shoes or inserts |
| Durable Medical Equipment (DME) and Related Supplies <input type="checkbox"/> Durable Medical Equipment (e.g. wheelchairs, oxygen) <input type="checkbox"/> Prosthetics (e.g., braces, artificial limbs) | Durable Medical Equipment (DME) and Related Supplies <input type="checkbox"/> Durable Medical Equipment (e.g. wheelchairs, oxygen) <input type="checkbox"/> Prosthetics (e.g., braces, artificial limbs) |
| Foot Care <input type="checkbox"/> Foot exams and treatment | Foot Care <input type="checkbox"/> Foot exams and treatment |
| Occupational Therapy Visit | Occupational Therapy Visit |
| Opioid Treatment Program Services | Opioid Treatment Program Services |
| Outpatient Substance Abuse <input type="checkbox"/> Outpatient group therapy visit <input type="checkbox"/> Outpatient individual therapy visit | Outpatient Substance Abuse <input type="checkbox"/> Outpatient group therapy visit <input type="checkbox"/> Outpatient individual therapy visit |
| Renal Dialysis | Renal Dialysis |
| | Inpatient Services <input type="checkbox"/> Inpatient hospital <input type="checkbox"/> Inpatient mental health |

| |
|---------------------------------------|
| Skilled Nursing Facility (SNF) |
| Home Health Care |

Medicaid Benefits

Information for people with Medicare and Medicaid. Your services are paid first by Medicare and then by Medicaid.

The benefits described below are covered by Medicaid. You can see what Florida Medicaid Agency for Health Care Administration (AHCA) covers and what our plan covers. If a benefit is used up or not covered by Medicare, then Medicaid may provide coverage. This depends on your type of Medicaid coverage.

Benefits marked with an asterisk (*) may not be available to all enrollees. Payment of Medicare cost-share amounts may be available to enrollees in Medicaid QMB, QMB+, and FBDE categories.

Coverage of the Medicaid services described below depends upon your level of Medicaid eligibility and must be provided by a Medicaid provider. If you have questions about your Medicaid eligibility, call Florida Medicaid Agency for Health Care Administration (AHCA), 1-888-419-3456.

Medicaid may pay your Medicare cost sharing amount, but it will depend on your Medicaid eligibility level. If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, in accordance with the cost sharing below.

Benefits

| | Medicaid | UnitedHealthcare Dual Complete® Choice (PPO D-SNP) |
|--------------------------------|---|--|
| Inpatient Hospital Care | Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services * (Including assistive care services) | Covered |
| Doctor Office Visits | Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services * Including screening services, rural | Covered |

Benefits

| | Medicaid | UnitedHealthcare Dual Complete® Choice (PPO D-SNP) |
|---|--|--|
| | health services, federally qualified health centers, clinic services, and physician assistant services. | |
| Outpatient Surgery | <p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services *</p> | Covered |
| Emergency Care | <p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services *</p> | Covered |
| Urgently Needed Services | <p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services *</p> | Covered |
| Diagnostic Tests Lab and Radiology Services and X-Rays | <p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide</p> | Covered |

Benefits

| | Medicaid | UnitedHealthcare Dual Complete® Choice (PPO D-SNP) |
|-------------------------|---|--|
| | additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services * | |
| Hearing Services | Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. | Covered |
| Dental Services | Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. | Covered |
| Vision Services | <p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services including up to one routine vision exam and up to two pairs of eyeglasses (includes Medicaid covered eyeglass lenses and frames) per year, or contact lenses (if medically necessary). *</p> <p>Prior authorization may be required and must be received by a participating vision provider.</p> | Covered |
| Preventive Care | <p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services *</p> | Covered |

Benefits

| | Medicaid | UnitedHealthcare Dual Complete® Choice (PPO D-SNP) |
|---|---|--|
| Mental Health Care <ul style="list-style-type: none"> <input type="checkbox"/> Behavioral Health Targeted Case Management <input type="checkbox"/> Community Mental Health <input type="checkbox"/> Mental Health Case Management | <p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services *</p> | Covered |
| Outpatient Rehabilitation | <p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services * Including registered physical therapist, physical therapy services, speech therapy services, occupational therapy services, and respiratory therapy services</p> | Covered |
| Ambulance | <p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services *</p> | Covered |
| Transportation (Routine) | <p>\$0 co-pay for Medicaid services *</p> <p>For enrollees who qualify for additional Medicaid benefits, Medicaid pays unlimited trips for this service if it is not covered by</p> | Covered |

Benefits

| | Medicaid | UnitedHealthcare Dual Complete® Choice (PPO D-SNP) |
|--|--|--|
| | Medicare or when the Medicare benefit is exhausted when provided by a participating transportation provider. | |
| Prescription Drug Benefits | Medicaid does not cover Part D covered drugs | Covered |
| Chiropractic Care | Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services * | Covered |
| Diabetes Supplies and Services | Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services * | Covered |
| Durable Medical Equipment (Wheelchairs, Oxygen, etc.) | Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services * | Covered |
| Foot Care (podiatry services) | Depending on your level of Medicaid eligibility, Medicaid may | Covered |

Benefits

| | Medicaid | UnitedHealthcare Dual Complete® Choice (PPO D-SNP) |
|---------------------------------------|---|--|
| | <p>pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services *</p> | |
| Skilled Nursing Facility (SNF) | <p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services *</p> <p>Including physical therapy services, speech therapy services, occupational therapy services, and respiratory therapy services.</p> | Covered |
| Hospice | <p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services *</p> | Covered |
| Renal Dialysis | <p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide</p> | Covered |

Benefits

| | Medicaid | UnitedHealthcare Dual Complete® Choice (PPO D-SNP) |
|--|--|--|
| | additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services * | |
| Prosthetic Devices (Braces, artificial limbs, etc.) | Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services * | Covered |
| Over the Counter Items (with prescription) | \$0 co-pay for Medicaid services * | Covered |

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.
- ✓ Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ✓ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medicaid or another third party. This premium is normally taken out of your Social Security check each month.
- ✓ Benefits, premiums and/or copays/coinsurance may change on January 1 of each year.
- ✓ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care.
- ✓ 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.

Required Information

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare. This plan is available to anyone who has both Medical Assistance from the State and Medicare.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-814-6894 (TTY: 711)。

This information is available for free in other languages. Please call our Customer Service number located on the first page of this book.

Esta información esta disponible sin costo en otros idiomas. Comuníquese con nuestro número de Servicio al Cliente situado en la cobertura de este libro.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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. 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.