



Annual Notice of Changes 2024

UHC Dual Choice DC-Y001 (HMO D-SNP)



Toll-free **1-866-242-7726**, TTY **711**
8 a.m.–8 p.m., 7 days a week, October–March;
8 a.m.–5:30 p.m., Monday–Friday, April–September



myuhc.com/CommunityPlan

Do we have the right address for you?

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

**United
Healthcare®**

Find updates to your plan for next year

This notice provides information about updates to your plan, but it doesn't include all of the details. Throughout this notice you will be directed to myuhc.com/communityplan to review the details online. All of the below documents will be available online by **October 15, 2023**.

Provider Directory

Review the 2024 Provider Directory online to make sure your providers (primary care provider, specialists, hospitals, etc.) will be in the network next year.

Pharmacy Directory

Review the 2024 Pharmacy Directory online to see which pharmacies are in our network next year.

Drug List (Formulary)

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

Evidence of Coverage (EOC)

Review your 2024 EOC for details about plan costs and benefits. The EOC is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. It also has information about the quality program, how medical coverage decisions are made and your Rights and Responsibilities as a member.

Would you rather get paper copies?

If you want a paper copy of what is listed above, please contact our Customer Service at **1-866-480-1086** (TTY users should call **711**). Hours are 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept.

Reduce the clutter and get plan documents faster.

Visit myuhc.com/communityplan to sign up for paperless delivery.

Annual Notice of Changes for 2024

Introduction



You are currently enrolled as an enrollee of our plan.

Next year, there will be some changes to our benefits, coverage, rules, and costs. This document tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the **Enrollee Handbook**, which is located on our website at **UHCCommunityPlan.com**. Key terms and their definitions appear in alphabetical order in the last chapter of your **Enrollee Handbook**.

Additional resources

- **UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.**
- You can get this **Annual Notice of Changes** for free in other formats, such as large print, braille, or audio. Call Enrollee Services number at **1-866-242-7726** for additional information (TTY users should call 711). Hours are 8 a.m.–8 p.m. local time, 7 days a week. The call is free.
- UnitedHealthcare ofrece servicios gratuitos para ayudarlo a comunicarse con nosotros. Por ejemplo, letras en otros idiomas, braille, letra grande, audio, o puede solicitar un intérprete. Comuníquese con nuestro número de Servicios para afiliados al **1-866-242-7726** para obtener información adicional (los usuarios de TTY deben llamar al **711**). los horarios la atención es de 8 a.m. a 5 p.m. a las 8 p. m. hora local, los 7 días de la semana.
- We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at **1-866-242-7726**, TTY **711**. Someone that speaks your preferred language can help you. This is a free service.
- Our Enrollees can request their preferred language other than English and/or alternate format, by contacting Enrollee Services number at the bottom of this page. Enrollee's information will be noted as a standing request for future mailings and communications, so Enrollees do not need to make a separate request each time.
- To change a standing request for preferred language and/or format, Enrollees can contact Enrollee Services to have their preference updated for future communications.



If you have questions, please call UHC Dual Choice DC-Y001 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free. For more information, visit **myuhc.com/communityplan**.

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A. Disclaimers

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare. The plan also has a written agreement with the District of Columbia Medicaid program to coordinate your Medicaid benefits. When this document says "we," "us," or "our," it means UnitedHealthcare Insurance Company or one of its affiliates. When it says "plan" or "our plan," it means UHC Dual Choice DC-Y001 (HMO D-SNP).

B. Reviewing your Medicare and DC Medicaid coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to **Section E** for more information on changes to your benefits for next year.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You will still be in the Medicare and DC Medicaid programs as long as you are eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section F2**.
- DC Medicaid options and services in **Section F2**.

B1. Information about UHC Dual Choice DC-Y001 (HMO D-SNP)

- UHC Dual Choice DC-Y001 (HMO D-SNP) is a health plan that contracts with both Medicare and Medicaid to provide benefits of both programs to enrollees.
- **Coverage under UHC Dual Choice DC-Y001 (HMO D-SNP) is qualifying health coverage** called "minimum essential coverage". It satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at [irs.gov/Affordable-Care-Act/Individuals-and-Families](https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information on the individual shared responsibility requirement.
- When this **Annual Notice of Changes** says "we," "us," "our," or "our plan," it means UHC Dual Choice DC-Y001 (HMO D-SNP).



If you have questions, please call UHC Dual Choice DC-Y001 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

B2. Important things to do

- **Check if there are any changes to our benefits and costs that may affect you.**
 - Are there any changes that affect the services you use?
 - Review benefit and cost changes to make sure they will work for you next year.
 - Refer to **Section E1** for information about benefit and cost changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
 - Will your drugs be covered? Can you use the same pharmacies?
 - Review changes to make sure our drug coverage will work for you next year.
 - Refer to **Section E2** for information about changes to our drug coverage.
 - Your drug costs may have risen since last year.
 - Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
 - Keep in mind that your plan benefits determine exactly how much your own drug costs may change.
- **Check if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Refer to **Section D** for information about our **Provider and Pharmacy Directory**.
- **Think about your overall costs in the plan.**
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

If you decide to stay with 2024 UHC Dual Choice DC-Y001 (HMO D-SNP)	If you decide to change plans:
<p>If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in 2024 UHC Dual Choice DC-Y001 (HMO D-SNP).</p>	<p>If you decide other coverage will better meet your needs, you may be able to switch plans (refer to Section F2 for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.</p>



If you have questions, please call UHC Dual Choice DC-Y001 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

C. Changes to our plan name

On January 1, 2024, our plan name changes from UnitedHealthcare Dual Complete® (PPO DSNP) to UHC Dual Choice DC-Y001 (HMO D-SNP).

We will mail you a new UnitedHealthcare enrollee ID card. If you have questions, or if your UnitedHealthcare enrollee ID card is damaged, lost, or stolen, call Enrollee Services at **1-866-242-7726** (TTY users should call **711**) right away and we will send you a new card. You will see the new plan name reflected on future communications where the plan name is referenced.

D. Changes to our network providers and pharmacies

There are changes to our network of providers for next year. Please review the 2024 **Provider Directory** to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.

Updated directories are located on our website at myuhc.com/CommunityPlan. You may also call Enrollee Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

Please review the 2024 Provider and Pharmacy Directory to find out if your providers or pharmacy are in our network. An updated **Provider and Pharmacy Directory** is located on our website at myuhc.com/CommunityPlan. You may also call Enrollee Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a Provider and Pharmacy Directory, which we will mail within three business days.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your **Enrollee Handbook**.

E. Changes to benefits and costs for next year

E1. Changes to benefits and costs for medical services

We're changing our coverage for certain medical services and what you pay for these covered medical services next year. The table below describes these changes.



If you have questions, please call UHC Dual Choice DC-Y001 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

	2023 (this year)	2024 (next year)
Fitness program	Not covered.	<p>You have access to Renew Active®, a fitness program for body and mind to help you stay active, focused and connected either at a gym or from home, at no additional cost. You can also get 1 Fitbit® device every 2 years at no additional cost.</p> <p>There are no fees for standard membership services when you use network providers. You must use Renew Active providers to access this benefit.</p>
Food, over-the-counter (OTC), home and bath safety devices and utility bill credit	<p>\$183 credit a month loaded to your UnitedHealthcare UCard® for covered over-the-counter products, healthy food and certain utility bills. Your credit amount expires at the end of each month. Home and bath safety devices not covered.</p>	<p>\$209 credit a month loaded to your UnitedHealthcare UCard® for covered over-the-counter products, select home and bath safety devices, healthy food and certain utility bills. Your credit amount expires at the end of each month.</p> <p>Use your UCard online or in-store to access your benefits.</p> <p>See your Enrollee Handbook for more information.</p>
In-home support services	Covered.	Not covered.



If you have questions, please call UHC Dual Choice DC-Y001 (HMO D-SNP) at 1-866-242-7726, TTY 711, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

E2. Changes to prescription drug coverage

Changes to our “Drug List”

An updated **List of Covered Drugs** is located on our website at myuhc.com/CommunityPlan. You may also call Enrollee Services at the numbers at the bottom of the page for updated drug information or to ask us to mail you a **List of Covered Drugs**.

The **List of Covered Drugs** is also called the “Drug List.”

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier.

Review the “Drug List” to **make sure your drugs will be covered next year** and to find out if there are any restrictions, or if your drug has been moved to a different cost-sharing tier.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Enrollee Services at the numbers at the bottom of the page or contact your care management team to ask for a list of covered drugs that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Ask us to cover a temporary supply of the drug.
 - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply is for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your **Enrollee Handbook**.)
 - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.

F. Choosing a plan

F1. Staying in our plan

We hope to keep you as a plan enrollee. You do not have to do anything to stay in our plan. If you do **not** change to another Medicare plan or change to Original Medicare, you automatically stay enrolled as an enrollee of our plan for 2024.



If you have questions, please call UHC Dual Choice DC-Y001 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

F2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have DC Medicaid, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

In addition to these three Special Enrollment periods, you may end your membership in our plan during the following periods:

- The **Annual Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you are eligible to make a change to your enrollment. For example, when:

- You moved out of our service area,
- Your eligibility for DC Medicaid or Extra Help changed, **or**
- If you recently moved into, currently are getting care in, or just moved out of a nursing facility or a long-term care hospital.

Your Medicare services

You have three options for getting your Medicare services. By choosing one of these options, you automatically end your membership in our plan.



If you have questions, please call UHC Dual Choice DC-Y001 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

1. You can change to:**Another Medicare health plan**

NOTE: If you choose this option, you will be enrolled in Medicaid on a fee-for-service basis. When you change your enrollment in the Dual Choice program, both your Medicare and Medicaid coverage options change.

Here is what to do:

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

For Program of All-inclusive Care for the Elderly (PACE) inquiries, call **1-855-921-PACE (7223)**.

If you need help or more information:

- Call the DC State Health Insurance Assistance Program (SHIP), **1-202-724-5626**, TTY **711**, Monday–Friday, 9:30 a.m.–4:30 p.m. For more information or to find a local SHIP office in your area, please visit **dacl.dc.gov/service/health-insurance-counseling**.

OR

Enroll in a new Medicare plan.

You will automatically be disenrolled from our plan when your new plan's coverage begins.

Your entitlement to Medicaid is not affected by your choice of Medicare coverage. You will still be eligible for Medicaid, subject to any needed reevaluation, and your Medicaid services can continue in Medicaid Fee-for-Service.



If you have questions, please call UHC Dual Choice DC-Y001 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free. For more information, visit **myuhc.com/communityplan**.

2. You can change to:**Original Medicare with a separate Medicare prescription drug plan**

NOTE: If you choose this option, you will be enrolled in Medicaid on a fee-for-service basis. When you change your enrollment in the Dual Choice program, both your Medicare and Medicaid coverage options change.

Here is what to do:

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

If you need help or more information:

- Call the DC State Health Insurance Assistance Program (SHIP), **1-202-724-5626**, TTY **711**, Monday–Friday, 9:30 a.m.–4:30 p.m. For more information or to find a local SHIP office in your area, please visit **dacl.dc.gov/service/health-insurance-counseling**.

OR

Enroll in a new Medicare prescription drug plan.

You will automatically be disenrolled from our plan when your Original Medicare coverage begins.

Your entitlement to Medicaid is not affected by your choice of Medicare coverage. You will still be eligible for Medicaid, subject to any needed reevaluation, and your Medicaid services can continue in Medicaid Fee-for-Service.



If you have questions, please call UHC Dual Choice DC-Y001 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free. For more information, visit **myuhc.com/communityplan**.

3. You can change to:**Original Medicare without a separate Medicare prescription drug plan**

NOTE: If you choose this option, you will be enrolled in Medicaid on a fee-for-service basis. When you change your enrollment in the Dual Choice program, both your Medicare and Medicaid coverage options change.

NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.

You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the DC State Health Insurance Assistance Program (SHIP), **1-202-724-5626**, TTY **711**, Monday– Friday, 9:30 a.m.–4:30 p.m., dacl.dc.gov/service/health-insurance-counseling.

Here is what to do:

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

If you need help or more information:

- Call the DC State Health Insurance Assistance Program (SHIP), **1-202-724-5626**, TTY **711**, Monday–Friday, 9:30 a.m.–4:30 p.m., dacl.dc.gov/service/health-insurance-counseling.

You will automatically be disenrolled from our plan when your Original Medicare coverage begins.

Your entitlement to Medicaid is not affected by your choice of Medicare coverage. You will still be eligible for Medicaid, subject to any needed reevaluation, and your Medicaid services can continue in Medicaid Fee-for-Service.

Your DC Medicaid services

For questions about how to get your DC Medicaid services after you leave our plan, contact Dual Choice support, **1-202-442-9533**, TTY **711**, 9 a.m.–4:45 p.m., Monday–Friday, dhcf.dc.gov/. Ask how joining another plan or returning to Original Medicare affects how you get your DC Medicaid coverage.

G. Getting help**G1. Our plan**

We're here to help if you have any questions. Call Enrollee Services at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.



If you have questions, please call UHC Dual Choice DC-Y001 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

Read your Enrollee Handbook

Your **Enrollee Handbook** is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2024. It explains your rights and the rules to follow to get services and prescription drugs we cover.

The **Enrollee Handbook** for 2024 will be available by October 15. You can also review the **Enrollee Handbook** to find out if other benefit or cost changes affect you. An up-to-date copy of the Enrollee Handbook is available on our website at myuhc.com/CommunityPlan. You may also call Enrollee Services at the numbers at the bottom of the page to ask us to mail you a **Enrollee Handbook for 2024**.

Our website

You can visit our website at myuhc.com/CommunityPlan. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (**Provider and Pharmacy Directory**) and our "Drug List" (**List of Covered Drugs**).

G2. DC State Health Insurance Assistance Program (SHIP)

You can also call the SHIP. In the District the SHIP is called the DC State Health Insurance Assistance Program (SHIP). The DC SHIP can help you understand your plan choices and answer questions about switching plans. The DC SHIP is not connected with us or with any insurance company or health plan. The DC SHIP has trained counselors who serve the entire District and services are free. The DC SHIP phone number is **1-202-724-5626**, TTY **711**. For more information or to find a local DC SHIP office in your area, please visit dacl.dc.gov/service/health-insurance-counseling.

G3. Office of Health Care Ombudsman and Bill of Rights

The Office of Health Care Ombudsman and Bill of Rights can help you if you have a problem with our plan. The ombudsman's services are free and available in all languages. The Health Care Ombudsman Program:

- works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- is not connected with us or with any insurance company or health plan. The phone number for the Health Care Ombudsman Program is **1-202-724-7491**.



If you have questions, please call UHC Dual Choice DC-Y001 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

G4. Medicare

To get information directly from Medicare, call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Medicare's website

You can visit the Medicare website (**medicare.gov**). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to **medicare.gov** and click on "Find plans.")

Medicare & You 2024

You can read the **Medicare & You 2024** handbook. Every year in the fall, this document 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. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this document, you can get it at the Medicare website (**medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf**) or by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Quality Improvement Organization

There is a designated Quality Improvement Organization serving Medicare beneficiaries in each state. For the District, the Quality Improvement Organization is called Livanta BFCC-QIO Program.

The District's Quality Improvement Organization has a group of doctors and other health care professionals who are paid by Medicare to check on and help improve the quality of care for people with Medicare. The District's Quality Improvement Organization is an independent organization. It is not connected with our plan.

You should contact the District's Quality Improvement Organization at **1-888-396-4646** or TTY **1-888-985-2660** in any of these situations:

- You have a complaint about the quality of care you have received.
- You think coverage for your hospital stay is ending too soon.
- You think coverage for your home health care or skilled nursing facility care is ending too soon.
- You think coverage for your Comprehensive Outpatient Rehabilitation Facility (CORF) services are ending too soon.



If you have questions, please call UHC Dual Choice DC-Y001 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free. For more information, visit **myuhc.com/communityplan**.

G5. DC Medicaid

Medicaid is a joint Federal and District government program that helps with medical costs for certain people with limited incomes and resources. Some people with Medicare are also eligible for Medicaid. Some people are eligible for Medicaid but not Medicare. In the District of Columbia, Medicaid may pay for personal care, homemaker and other services that are not covered by Medicare. Medicaid also has programs that can help pay for your Medicare premiums and other costs if you are eligible for Medicare and qualify. If you have questions about the assistance you get from Medicaid, contact Dual Choice support at **1-202-442-9533**, TTY **711**, Monday–Friday, 9 a.m.–4:45 p.m.

UHC Dual Choice DC-Y001 (HMO D-SNP) has a contract with the DC Department of Health Care Finance (DHCF) to provide all your benefits under Medicaid as well as Medicare.



If you have questions, please call UHC Dual Choice DC-Y001 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.



UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities.

UnitedHealthcare Community Plan can provide free services to help you communicate with us such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English including qualified language interpreters and information written in other languages

To ask for help, please call **1-866-242-7726**, TTY **711**, between 8:00 a.m.–5:30 p.m. EST, Monday–Friday, months April–September; 8:00 a.m.–8:00 p.m. EST, 7 days a week, months October–March.

If you need any other assistance, please contact the Office of Health Care Ombudsman at 202-724-7491.

Spanish

Si no habla ni lee en inglés, llame al **1-866-242-7726**, TTY **711**, de lunes a viernes, de 8:00 a.m. a 5:30 p.m. hora del este, de abril a septiembre; y los 7 días de la semana, de 8:00 a.m. a 8:00 p.m., hora del este, de octubre a marzo. Un representante le brindará asistencia.

Amharic

እንግሊዘኛ የማይናገሩ እና/ወይም የማያነቡ ከሆነ፣ እባክዎን በ1-866-242-7726፣ TTY 711፣ ከቀን 8:00am - 5:30pm EST፣ ከሰኞ - አርብ፣ ወራት ከኤፕሪል - ሴፕቴምበር፣ 8:00am - 8:00pm EST፣ በሰኞንት 7 ቀናት፣ ወራት ከኦክቶበር - ማርች። እንደ ተወካይ ይረዳዎታል።

Vietnamese

Nếu quý vị không nói và/hoặc đọc được tiếng Anh, vui lòng gọi đến số 1-866-242-7726, TTY (Thoại văn bản) 711, từ 8:00 sa – 5:30 ch, giờ Chuẩn Miền Đông (EST), từ thứ Hai – thứ Sáu trong tháng Tư – tháng Chín; 8:00 sa – 8:00 tối, giờ Chuẩn Miền Đông (EST), 7 ngày một tuần trong tháng Mười – tháng Ba. Một nhân viên sẽ hỗ trợ cho quý vị.

Korean

영어로 말하거나 읽지 못하는 경우, 4월~9월에는 월요일~금요일 오전 8시~오후 5시 30분(동부 표준시), 10월~3월에는 주 7일 오전 8시~오후 8시(동부 표준시)에 1-866-242-7726, TTY 711로 전화하십시오. 담당자가 도움을 드릴 것입니다.

Chinese – Simplified

如果您不会说和/或阅读英语，请在四月至九月之间，于周一至周五，上午 8:00 至下午 5:30（美国东部标准时间）；在十月至三月之间，每周 7 天，上午 8:00 至晚上 8:00（美国东部标准时间），致电 1-866-242-7726，听障专线 (TTY) 711。一位代表将为您提供帮助。

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, please call us using the toll-free number on your member identification card. Someone who speaks your language can help you. This is a free service.

Spanish: Contamos con servicios gratuitos de intérprete para responder cualquier pregunta que pudiera tener sobre nuestro plan de salud o de medicamentos. Para obtener los servicios de un intérprete, llámenos al número de teléfono gratuito que figura en su tarjeta de identificación de miembro. Una persona que habla su idioma podrá ayudarle. Es un servicio gratuito.

Chinese Mandarin: 我们提供免费口译服务，解答您对我们的健康或药物计划的任何疑问。如需寻找一名口译员，请使用您的会员身份证上的免费电话号码联系我们。一名与您讲相同语言的人可以为您提供帮助。这是一项免费服务。

Chinese Cantonese: 我們提供免費的口譯服務，可回答您可能對我們的健康或藥物計劃的任何問題。如需口譯員，請撥打您的會員識別卡上的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

Tagalog: Mayroon kaming libreng serbisyo ng interpreter para sagutin anumang tanong na maaaring mayroon ka tungkol sa kalusugan o plano ng gamot. Para makakuha ng interpreter, pakitawagan kami gamit ang libreng numero sa iyong kard ng pagkakakilanlan ng kasapi. Sinumang nagsasalita ng wika mo ay puwedeng makatulong sa iyo. Ang serbisyong ito ay libre.

French: Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser sur notre régime d'assurance maladie ou d'assurance-médicaments. Pour recevoir l'aide d'un interprète, veuillez nous appeler en composant le numéro gratuit figurant sur votre carte d'identification de membre. Quelqu'un parlant votre langue peut vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch viên miễn phí để trả lời các câu hỏi mà bạn có về chương trình sức khỏe hay thuốc của chúng tôi. Để gặp thông dịch viên, vui lòng gọi cho chúng tôi theo số điện thoại miễn phí trên thẻ nhận dạng thành viên của bạn. Người nói cùng ngôn ngữ với bạn có thể giúp bạn. Đây là dịch vụ miễn phí.

German: Wir verfügen über kostenlose Dolmetscherdienste, um alle Fragen zu beantworten, die Sie über unseren Gesundheits- oder Medikamentenplan haben mögen. Um einen Dolmetscher zu erhalten, rufen Sie uns bitte unter der kostenfreien Nummer auf Ihrem Mitgliedsausweis an. Jemand, der Ihre Sprache spricht, kann Ihnen helfen. Dies ist eine kostenlose Dienstleistung.

Korean: 건강 또는 의약품 플랜에 관한 질문에 답변해드리기 위해 무료 통역 서비스를 제공합니다. 통역 서비스를 이용하려면, 가입자 ID 카드에 있는 수신자 부담 전화번호로 전화해 주십시오. 한국어를 사용하는 통역사가 도움을 드릴 수 있습니다. 이 서비스는 무료입니다.

Russian: Если у Вас возникнут какие-либо вопросы о нашем плане медицинского страхования или плане по приобретению препаратов, мы предоставим Вам бесплатные услуги устного перевода. Для того чтобы воспользоваться услугами устного перевода, пожалуйста, свяжитесь с нами по бесплатному номеру телефона, указанному на Вашей идентификационной карте участника плана. Сотрудник, который говорит на Вашем языке, сможет Вам помочь. Данная услуга предоставляется бесплатно.

Arabic: لدينا خدمات ترجمة فورية للرد على أي أسئلة قد تكون لديك حول الخطة الصحية أو خطة الأدوية الخاصة بنا. للحصول على مترجم، اتصل بنا باستخدام رقم الهاتف المجاني على بطاقة تعريف عضويتك. سيساعدك شخص ما يتحدث لغتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं मौजूद हैं। दुभाषिया पाने के लिए, कृपया अपने सदस्य पहचान पत्र पर टोल-फ्री नंबर का उपयोग करके हमें कॉल करें। आपकी भाषा बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Mettiamo a disposizione un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per avvalersi di un interprete, si prega di chiamare il numero verde riportato sulla tessera identificativa. Una persona che parla italiano potrà fornire l'assistenza richiesta. Il servizio è gratuito.

Portuguese: Cispomos de serviços de intérprete gratuitos para esclarecer quaisquer dúvidas que tenha sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número gratuito no seu cartão de identificação de membro. Alguém que fala a sua língua pode ajudá-lo(a). Este é um serviço gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou gendwa genyen konsènan plan sante oswa medikaman nou an. Pou jwenn yon entèprèt, tanpri rele nou apati nimewo apèl gratis ki sou kat idantifikasyon kòm manm ou an. Yon moun ki pale lang ou ka ede ou. Sa se yon sèvis gratis.

Polish: Oferujemy bezpłatne usługi tłumaczeniowe, aby odpowiedzieć na wszelkie pytania dotyczące naszego planu ubezpieczenia zdrowotnego lub planu refundacji leków. Aby skorzystać z pomocy tłumacza, proszę zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej członka planu. Osoba posługująca się Pana/Pani językiem Panu/Pani pomoże. Usługa ta jest bezpłatna.

Japanese: 当社の医療または処方薬プランに関する質問にお答えするために、無料の通訳サービスをご利用いただけます。通訳が必要な場合には、会員IDカードに記載されているフリーダイヤル番号を使用して、当社までお問い合わせください。お客様の言語を話す通訳者がお手伝いいたします。これは無料のサービスです。

UHC Dual Choice DC-Y001 (HMO D-SNP) Enrollee Services



Call **1-866-242-7726**

Calls to this number are free. 8 a.m.–8 p.m., 7 days a week, October–March;
8 a.m.–5:30 p.m., Monday–Friday, April–September. Enrollee Services also has free
language interpreter services available for non-English speakers.

TTY 711

Calls to this number are free.

8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday,
April–September



Write **P.O. Box 30769**

Salt Lake City, UT 84130-0769



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