Annual Notice of Changes 2024

UHC Dual Complete GA-V001 (PPO D-SNP)

Toll-free **1-866-480-1086,** TTY **711**
8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept

myUHCMedicare.com

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®

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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 **myUHCMedicare.com** 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 **myUHCMedicare.com** to sign up for paperless delivery.

UHC Dual Complete GA-V001 (PPO D-SNP) offered by UnitedHealthcare

Annual Notice of Changes for 2024

You are currently enrolled as a member of UnitedHealthcare Dual Complete® Choice Select LP (PPO D-SNP).

Next year, there will be changes to the plan's costs and benefits. Please see page 7 for a Summary of Important Costs, including Premium. This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the Evidence of Coverage, which is located on our website at **UHC.com/Medicare**. You may also call Customer Service to ask us to mail you an Evidence of Coverage.

What to do now

1. Ask: Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- ☐ Review the changes to Medical care costs (doctor, hospital).
- ☐ Review the changes to our drug coverage, including authorization requirements and costs.
- ☐ Think about how much you will spend on premiums, deductibles, and cost sharing.

☐ Check the changes in the 2024 Drug List to make sure the drugs you currently take are still covered.

☐ Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.

☐ Think about whether you are happy with our plan.

2. Compare: Learn about other plan choices

☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your Medicare & You 2024 handbook.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. Choose: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will be enrolled in UHC Dual Complete GA-V001 (PPO D-SNP).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with UnitedHealthcare Dual Complete® Choice Select LP (PPO D-SNP).
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.
- UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, braille, large print, audio, or you can ask for an interpreter. For more information, please call us toll-free at the number on your member ID card or the front of your plan booklet.
- UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, en letra grande, o en audio. O bien, usted puede pedir un intérprete. Para obtener más información, llámenos al número gratuito que se encuentra en su tarjeta de ID de miembro o en la portada de la guía de su plan.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About UHC Dual Complete GA-V001 (PPO D-SNP)

- 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 Georgia 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 Complete GA-V001 (PPO D-SNP).

Annual Notice of Changes for 2024
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Summary of important costs for 2024

The table below compares the 2023 costs and 2024 costs for UHC Dual Complete GA-V001 (PPO D-SNP) in several important areas. **Please note this is only a summary of costs.** If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits and your provider accepts Medicaid, you pay a $0 copayment for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* *Your premium may be higher or lower than this amount. (See Section 2.1 for details.)	$32.30	$44.20
Maximum out-of-pocket amounts This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	From network providers: $6,700 From in-network and out-of-network providers combined: $10,000 If you are eligible for Medicare cost-sharing assistance under Medicaid and your provider accepts Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	From network providers: $6,300 From in-network and out-of-network providers combined: $9,550 If you are eligible for Medicare cost-sharing assistance under Medicaid and your provider accepts Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.
Doctor office visits	Primary care visits: You pay a $0 copayment per visit (in-network). You pay a $20 copayment per visit (out-of-network).	Primary care visits: You pay a $0 copayment per visit (in-network). You pay a $20 copayment per visit (out-of-network).

Cost	2023 (this year)	2024 (next year)
	Specialist visits: You pay a $10 copayment per visit (in-network). You pay a $20 copayment per visit (out-of-network).	Specialist visits: You pay a $10 copayment per visit (in-network). You pay a $20 copayment per visit (out-of-network).
Inpatient hospital stays	You pay a $325 copayment each day for days 1 to 6 (in-network). $0 copayment for additional Medicare covered days (in-network). You pay a $495 copayment each day for days 1 to 10 (out-of-network). $0 copayment for additional Medicare covered days (out-of-network).	You pay a $325 copayment each day for days 1 to 7 (in-network). $0 copayment for additional Medicare covered days (in-network). You pay a $495 copayment each day for days 1 to 10 (out-of-network). $0 copayment for additional Medicare covered days (out-of-network).
Part D prescription drug coverage (See Section 2.5 for details.) To find out which drugs are Covered Insulin Drugs, review the most recent Drug List we provided electronically. If you have questions about the Drug List, you can also call Customer Service.	Deductible: □ $0 For all covered drugs: □ $0 copayment	Deductible: □ $0 For all covered drugs: □ $0 copayment

Section 1 We Are Changing the Plan's Name

On January 1, 2024, our plan name will change from UnitedHealthcare Dual Complete® Choice Select LP (PPO D-SNP) to UHC Dual Complete GA-V001 (PPO D-SNP).

We will mail you a new UnitedHealthcare member ID card. If you have questions, or if your UnitedHealthcare member ID card is damaged, lost, or stolen, call Customer Service at 1-866-480-1086 (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.

Section 2 Changes to Benefits and Costs for Next Year

Section 2.1 Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	**$32.30**	**$44.20**

Section 2.2 Changes to Your Maximum Out-of-Pocket Amounts

Cost	2023 (this year)	2024 (next year)
In-network maximum out-of-pocket amount If you are eligible for Medicare cost-sharing assistance under Medicaid and your provider accepts Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copays) from	$6,700 If you are eligible for Medicare cost-sharing assistance under Medicaid and your provider accepts Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for	$6,300 If you are eligible for Medicare cost-sharing assistance under Medicaid and your provider accepts Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for

Cost	2023 (this year)	2024 (next year)
network providers count toward your in-network maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	covered Part A and Part B services. Once you have paid $6,700 out-of-pocket for covered Part A and Part B services from network providers, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.	covered Part A and Part B services. Once you have paid $6,300 out-of-pocket for covered Part A and Part B services from network providers, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.
Combined maximum out-of-pocket amount If you are eligible for Medicare cost-sharing assistance under Medicaid and your provider accepts Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium and costs for prescription drugs do not count toward your maximum out-of-pocket amount for medical services.	$10,000 If you are eligible for Medicare cost-sharing assistance under Medicaid and your provider accepts Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Once you have paid $10,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.	$9,550 If you are eligible for Medicare cost-sharing assistance under Medicaid and your provider accepts Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Once you have paid $9,550 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.

Medicare requires all health plans to limit how much you pay "out-of-pocket" for the year. These limits are called the "maximum out-of-pocket amounts." Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Section 2.3 Changes to the Provider and Pharmacy Networks

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

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.**

There are changes to our network of pharmacies for next year. **Please review the 2024 Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

Section 2.4 Changes to Benefits and Costs for Medical Services

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

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Depending on your level of Medicaid eligibility, for Medicare-covered services:

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits and your provider accepts Medicaid, you pay a $0 copayment for your Medicare cost sharing.

If you are not a QMB or you do not have full Medicaid benefits, or you do have full Medicaid benefits and you see an out-of-network provider that does not accept Medicaid, you must pay your Medicare cost sharing.

Medicare cost sharing includes copayment, coinsurance, and deductibles. Please contact Georgia Department of Community Health (Medicaid) at 1-877-423-4746 for more details.

Cost	2023 (this year)	2024 (next year)
Ambulance services	You pay a $250 copayment for each one-way Medicare-covered ground trip. You pay a $250 copayment for each one-way Medicare-covered air trip.	You pay a $290 copayment for each one-way Medicare-covered ground trip. You pay a $290 copayment for each one-way Medicare-covered air trip.
Dental services Comprehensive and preventive dental	You pay a $0 copayment for covered preventive and diagnostic services. You pay a $0 copayment for covered comprehensive dental services. You are covered for up to $2,000 per year. Benefit is combined in and out-of-network. You may receive dental services from an out-of-network dentist. If an out-of-network dentist charges more than your plan pays, you may be billed for the difference, even for services listed as $0 copayment.	You pay a $0 copayment for covered preventive and diagnostic services. You pay 50% coinsurance for dentures and bridges. You pay a $0 copayment for all other covered comprehensive services. You are covered for up to $2,000 per year. Benefit is combined in and out-of-network. You may receive dental services from an out-of-network dentist. If an out-of-network dentist charges more than your plan pays, you may be billed for the difference, even for services listed as $0 copayment. The list of services covered by your plan has changed. See your

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits, then your deductible, coinsurance, and/or copayment may be less for services that are covered under Original Medicare. Please refer to the **Changes to Benefits and Costs for Medical Services** chart.

Cost	2023 (this year)	2024 (next year)
		Evidence of Coverage for more information.
Emergency care	You pay a $90 copayment.	You pay a $120 copayment.
Hearing services Hearing aids	You receive a $3,600 allowance for up to 2 prescription hearing aids every year (select products only). Home-delivered hearing aids are available nationwide through UnitedHealthcare Hearing (select products only). You must use UnitedHealthcare Hearing providers to access this benefit.	You receive a $2,500 allowance for up to 2 OTC or prescription hearing aids every year (select products only). Home-delivered hearing aids are available nationwide through UnitedHealthcare Hearing (select products only). You must use UnitedHealthcare Hearing providers to access this benefit.
Inpatient hospital care	You pay a $325 copayment each day for days 1 to 6 (in-network). $0 copayment for additional Medicare covered days (in-network).	You pay a $325 copayment each day for days 1 to 7 (in-network). $0 copayment for additional Medicare covered days (in-network).

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits, then your deductible, coinsurance, and/or copayment may be less for services that are covered under Original Medicare. Please refer to the **Changes to Benefits and Costs for Medical Services** chart.

Cost	2023 (this year)	2024 (next year)
Inpatient mental health care	You pay a $325 copayment each day for days 1 to 5 (in-network). $0 copayment each day for days 6 to 90 (in-network).	You pay a $325 copayment each day for days 1 to 6 (in-network). $0 copayment each day for days 7 to 90 (in-network).
Outpatient diagnostic tests and therapeutic services and supplies - X-rays	You pay a $15 copayment (in-network).	You pay a $25 copayment (in-network).
Outpatient diagnostic tests and therapeutic services and supplies - X-rays	You pay a $20 copayment (out-of-network).	You pay a $30 copayment (out-of-network).
Outpatient diagnostic tests and therapeutic services and supplies - other diagnostic tests - non-radiological diagnostic services	You pay a $20 copayment (in-network).	You pay a $50 copayment (in-network).
Outpatient diagnostic tests and therapeutic services and supplies - other diagnostic tests - non-radiological diagnostic services	You pay a $40 copayment (out-of-network).	You pay a $70 copayment (out-of-network).
Outpatient diagnostic tests and therapeutic services and supplies - other diagnostic tests - radiological diagnostic service, not including X-rays	You pay a $0 copayment for each diagnostic mammogram. You pay a $110 copayment otherwise (in-network).	You pay a $0 copayment for each diagnostic mammogram. You pay a $225 copayment otherwise (in-network).

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits, then your deductible, coinsurance, and/or copayment may be less for services that are covered under Original Medicare. Please refer to the **Changes to Benefits and Costs for Medical Services** chart.

Cost	2023 (this year)	2024 (next year)
Outpatient diagnostic tests and therapeutic services and supplies - other diagnostic tests - radiological diagnostic service, not including X-rays	You pay a $200 copayment (out-of-network).	You pay a $325 copayment (out-of-network).
Food, over-the-counter (OTC), home and bath safety devices and utility bill credit	$60 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.	$71 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. Use your UCard online or in-store to access your benefits. See your Evidence of Coverage for more information.
Pulmonary rehabilitation	You pay a $10 copayment (in-network).	You pay a $0 copayment (in-network).
Skilled nursing facility (SNF) care	You pay a $0 copayment each day for days 1 to 20 (in-network). You pay a $196 copayment each day for days 21 to 55 (in-network). You pay a $0 copayment each day for days 56 to 100 (in-network).	You pay a $0 copayment each day for days 1 to 20 (in-network). You pay a $203 copayment each day for days 21 to 100 (in-network).

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits, then your deductible, coinsurance, and/or copayment may be less for services that are covered under Original Medicare. Please refer to the **Changes to Benefits and Costs for Medical Services** chart.

Cost	2023 (this year)	2024 (next year)
Skilled nursing facility (SNF) care	You pay a $225 copayment each day for days 1 to 45 (out-of-network). You pay a $0 copayment each day for days 46 to 100 (out-of-network).	You pay a $225 copayment each day for days 1 to 43 (out-of-network). You pay a $0 copayment each day for days 44 to 100 (out-of-network).
Supervised exercise therapy (SET)	You pay a $10 copayment (in-network).	You pay a $0 copayment (in-network).
Transportation (additional routine)	You pay a $0 copayment for 48 one-way trips to or from plan approved locations, such as medically related appointments, the pharmacy and certain other locations that help you use your benefits (in-network). You pay 75% coinsurance for 48 one-way trips to or from plan approved locations, such as medically related appointments, the pharmacy and certain other locations that help you use your benefits (out-of-network). Trips are combined in and out-of-network.	You pay a $0 copayment for 36 one-way trips to or from plan approved locations, such as medically related appointments, the pharmacy and certain other locations that help you use your benefits. Additionally, you are covered for unlimited trips to and from dialysis treatment (in-network). You pay 75% coinsurance for 36 one-way trips to or from plan approved locations, such as medically related appointments, the pharmacy and certain other locations that help you use your benefits. Additionally, you are covered for unlimited trips to and from dialysis

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits, then your deductible, coinsurance, and/or copayment may be less for services that are covered under Original Medicare. Please refer to the **Changes to Benefits and Costs for Medical Services** chart.

Cost	2023 (this year)	2024 (next year)
		treatment (out-of-network). Trips are combined in and out-of-network.
Virtual medical visits for: □Cardiac rehabilitation services □Intensive cardiac rehabilitation services □Occupational therapy □Physical therapy and speech-language therapy	You pay 40% of the total cost for these services (out-of-network).	You pay a $20 copayment for cardiac rehabilitation services (out-of-network). You pay a $20 copayment for intensive cardiac rehabilitation services (out-of-network). You pay a $20 copayment for occupational therapy services (out-of-network). You pay a $20 copayment for physical and speech-language therapy services (out-of-network). Please see your Evidence of Coverage for details.

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits, then your deductible, coinsurance, and/or copayment may be less for services that are covered under Original Medicare. Please refer to the **Changes to Benefits and Costs for Medical Services** chart.

Cost	2023 (this year)	2024 (next year)
Vision care Additional routine eyewear	You pay a $0 copayment for standard lenses and receive up to $500 toward your purchase of frames or contact lenses through a UnitedHealthcare Vision provider every year. Limited to 1 pair of standard lenses and frames every year. or Contact lenses instead of lenses and frames every year. Home-delivered eyewear is available nationwide through UnitedHealthcare Vision network providers (select products only). You are responsible for all costs for eyewear not purchased from a UnitedHealthcare Vision network provider.	You pay a $0 copayment for standard lenses and receive up to $300 toward your purchase of frames or contact lenses through a UnitedHealthcare Vision provider every year. Limited to 1 pair of standard lenses and frames every year. or Contact lenses instead of lenses and frames every year. Home-delivered eyewear is available nationwide through UnitedHealthcare Vision network providers (select products only). You are responsible for all costs for eyewear not purchased from a UnitedHealthcare Vision network provider.

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits, then your deductible, coinsurance, and/or copayment may be less for services that are covered under Original Medicare. Please refer to the **Changes to Benefits and Costs for Medical Services** chart.

Section 2.5 Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or "Drug List." **You can get the complete Drug List** by calling Customer Service (see the back cover) or visiting our website **(myUHCMedicare.com**).

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 see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

To find out which drugs are Covered Insulins, review the most recent Drug List we provided electronically. If you have questions about the Drug List, you can also call Customer Service.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.**

There are four "drug payment stages."

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
Stage 1: Yearly (Part D) Deductible stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost-sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
Stage 2: Initial Coverage stage During this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost.**	Your cost for a one-month (30-day) supply filled at a network pharmacy with standard cost-sharing:	Your cost for a one-month (30-day) supply filled at a network pharmacy with standard cost-sharing:

Stage	2023 (this year)	2024 (next year)
Most adult Part D vaccines are covered at no cost to you. The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing.	**For all covered drugs:** □ $0 copayment Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap stage).	**For all covered drugs:** □ $0 copayment Once your total drug costs have reached $5,030, you will move to the next stage (the Coverage Gap stage).

Changes to the Coverage Gap and Catastrophic Coverage stages

The other two drug coverage stages – the Coverage Gap stage and the Catastrophic Coverage stage – are for people with high drug costs. **Most members do not reach the Coverage Gap stage or the Catastrophic Coverage stage.**

Beginning in 2024, if you reach the Catastrophic Coverage stage, you pay nothing for covered Part D drugs.

Section 3 Deciding Which Plan to Choose

Section 3.1 If You Want to Stay in UHC Dual Complete GA-V001 (PPO D-SNP)

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our UHC Dual Complete GA-V001 (PPO D-SNP).

Section 3.2 If You Want to Change Plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- **– OR–** You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the **Medicare & You 2024 handbook,** call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a **reminder,** UnitedHealthcare Insurance Company or one of its affiliates offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan,** enroll in the new plan. You will automatically be disenrolled from UHC Dual Complete GA-V001 (PPO D-SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from UHC Dual Complete GA-V001 (PPO D-SNP).
- To **change to Original Medicare without a prescription drug plan,** you must either:
  - Send us a written request to disenroll or visit our website to disenroll online. Contact Customer Service if you need more information on how to do so.
  - – **or** – Contact **Medicare,** at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

Section 4 Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 to December 7.** The change will take effect on January 1, 2024.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

Because you have Georgia Department of Community Health, 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

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug

coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Section 5 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Georgia, the SHIP is called GeorgiaCares Senior Health Insurance Plan.

It is a state program that gets money from the federal government to give **free** local health insurance counseling to people with Medicare. GeorgiaCares Senior Health Insurance Plan counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call GeorgiaCares Senior Health Insurance Plan at 1-866-552-4464**.**

For questions about your Georgia Department of Community Health benefits, contact Georgia Department of Community Health, at 1-877-423-4746, 8 a.m. - 5 p.m. ET, Monday - Friday. TTY users should call 711. Ask how joining another plan or returning to Original Medicare affects how you get your Georgia Department of Community Health coverage.

Section 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"Extra Help" from Medicare.** Because you have Medicaid, you are already enrolled in 'Extra Help,' also called the Low Income Subsidy. Extra Help pays some of your prescription drug premiums, annual deductibles, and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about Extra Help, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
  - Your State Medicaid Office (applications).

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the ADAP in your state. For information on eligibility criteria, covered drugs, or how to enroll in the program, please contact the ADAP in your state. You can find your state's ADAP contact information in Chapter 2 of the **Evidence of Coverage.**

Section 7 Questions?

Section 7.1 Getting Help from UHC Dual Complete GA-V001 (PPO D-SNP)

Questions? We're here to help. Please call Customer Service at 1-866-480-1086. (TTY only, call 711.) We are available for phone calls 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept. Calls to these numbers are free.

Read your 2024 Evidence of Coverage (it has details about next year's benefits and costs)

This **Annual Notice of Changes** gives you a summary of changes in your benefits and costs for 2024. For details, look in the 2024 **Evidence of Coverage** for UHC Dual Complete GA-V001 (PPO D-SNP). The **Evidence of Coverage** is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the Evidence of Coverage is located on our website at **myUHCMedicare.com**. You may also call Customer Service to ask us to mail you an Evidence of Coverage.

Visit our Website

You can also visit our website at **myUHCMedicare.com**. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary).

Section 7.2 Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

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

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read Medicare & You 2024

Read the **Medicare & You 2024** handbook. Every 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. If you don't have a copy of this document, you can get it at the Medicare website (https://www.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.

Section 7.3 Getting Help from Medicaid

To get information from Georgia Department of Community Health (Medicaid), you can call Georgia Department of Community Health (Medicaid) at 1-877-423-4746. TTY users should call 711.

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 khoẻ 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: Dispomos 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。

For more information, please call customer service at:

UHC Dual Complete GA-V001 (PPO D-SNP) Customer Service:

Call **1-866-480-1086**

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

TTY **711**

Calls to this number are free.
8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept.

Write: **P.O. Box 30769**
Salt Lake City, UT 84130-0769

myUHCMedicare.com